

OMB NO. 1820-0550
Expires: 08/31/2012

**ANNUAL STATE APPLICATION UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT AS AMENDED IN 2004
FEDERAL FISCAL YEAR 2011**

CFDA No. 84.181A

ED FORM No. 1 B20--26P

**UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION PROGRAMS
Washington, DC 20202-2600**

Section I**A. Submission Statements for Part C of IDEA**

Select 1 or 2 below. Check 3 if appropriate.

1. ☐ The State's policies, procedures, methods, descriptions, and assurances meet all application requirements of Part C of the Act as found in PL 108-446, the Individuals with Disabilities Education Improvement Act of 2004 and applicable regulations (IDEA). The State is able to provide and/or meet all policies, procedures, methods, descriptions, and assurances, found in Sections II.A and II.B of this Application.
- By selecting this submission statement the State has submitted the new and/or revisions to State policies, procedures, methods, and descriptions that meet all requirements found in Section II.A.
2. ☒ The State cannot provide policies, procedures, methods, descriptions, and/or assurances for all application requirements of Part C of the Act as found in PL 108-446, the Individuals with Disabilities Education Improvement Act of 2004. The State has determined that it is unable to provide the policies, procedures, methods, descriptions, and/or assurances that are checked 'No' in Sections II.A and II.B. However, the State assures that throughout the period of this grant award the State will operate consistent with all requirements of IDEA in PL 108-446 and applicable regulations. The State will develop and/or make such changes to existing policies, procedures, methods, descriptions, and assurances as are necessary to bring the policies, procedures, methods, descriptions, and assurances into compliance with the requirements of IDEA, as amended, as soon as possible, and not later than June 30, 2011. The State has included the date by which it expects to complete necessary changes associated with policies, procedures, methods, descriptions, and assurances marked 'No'. The items checked 'Yes' are enclosed with this application.¹

Optional:

3. ☐ The State is submitting new or modified State policies and procedures previously submitted to the Department and has checked, under Section II.A, the appropriate 'R' cell(s) found in the 'Yes' column. These modifications are: (1) deemed necessary by the State, for example when the State revises applicable State law or regulations; (2) required by the Secretary because there is a new interpretation of the Act or regulations by a Federal court or the State's highest court; and/or (3) because of an official finding of noncompliance with Federal law or regulation.

B. Conditional Approval for Current Grant Year

If the State received conditional approval for the current grant year, check the appropriate statement(s) below:

1. Conditional Approval Related to Assurances in Section II.A:

- ☐ a. Sections II.A and II.B provide documentation of completion of all issues identified in the FFY 2009 conditional approval letter.
- ☒ b. As noted in Sections II.A and II.B, the State has not completed all issues identified in the FFY 2009 conditional approval letter.

2. Conditional Approval Related to Other Issues:

- ☐ a. The State previously submitted documentation of completion of all issues identified in the FFY 2009 conditional approval letter.
- ☐ b. The State is attaching documentation of completion of all issues identified in the FFY 2009 conditional approval letter. *(Attach documentation showing completion of all issues.)*
- ☐ c. The State has not completed all issues identified in the FFY 2009 conditional approval letter. *(Attach documentation showing completion of any issues and a list of items not yet completed.)*

¹ If Option 2 is checked, the State is to provide dates in Sections II.A and II.B as to when the required policies, procedures, methods, descriptions, and assurances will be provided, which date can be no later than June 30, 2011. The State will be granted conditional approval until it can provide all policies, procedures, methods, descriptions, and assurances.

Section II**A. State Policies, Procedures, Methods, and Descriptions**

As checked below, the State hereby declares that it has or has not filed the following policies, procedures, methods, and descriptions with the U.S. Department of Education, and, as of the date of the signature below, affirms and incorporates by reference those policies, procedures, methods, and descriptions with respect to Part C of PL 108-446.

Check and enter date(s) as applicable. Enclose relevant documents.			<i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i>	
Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)		No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2011.)		
N	R	OF	State Policies, Procedures, Methods, and Descriptions	
			State Policies and Procedures	
	X			1. As required in 20 U.S.C. 1432(5)(A) and 1435(a)(1), the State has provided its policies and/or procedures regarding the State's definition of 'developmental delay' to ensure that a rigorous definition of the term 'developmental delay' will be used by the State in carrying out programs under this Part in order to appropriately identify infants and toddlers with disabilities that are in need of services under Part C.
	X			2. As required in 20 U.S.C. 1437(a)(6), the State has provided its policies and procedures that require the referral for early intervention services under this part of a child under the age of 3 who - (A) is involved in a substantiated case of abuse or neglect; or (B) is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure.
X				3. As required in 20 U.S.C. 1437(a)(9)(A), the State has provided its policies and procedures that ensures a smooth transition for toddlers receiving early intervention services under this part (and children receiving those services under by 20 U.S.C 1435(c)) to preschool, school, other appropriate services, or exiting the program, including a description of how: (i) the families of such toddlers and children will be included in the transition plans required 20 U.S.C. 1437(a)(9)(C); and (ii) the lead agency designated or established under 20 U.S.C. 1435(a)(10) will (I) notify the local educational agency for the area in which such a child resides that the child will shortly reach the age of eligibility for preschool services under Part B, as determined in accordance with

Check and enter date(s) as applicable. Enclose relevant documents.			<i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i>	
Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)			No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2011.)	
N	R	OF		State Policies, Procedures, Methods, and Descriptions
				State law; (II) in the case of a child who may be eligible for such preschool services, with the approval of the family of the child, convene a conference among the lead agency, the family, and the local educational agency not less than 90 days (and at the discretion of all such parties, not more than 9 months) before the child is eligible for the preschool services, to discuss any such services that the child may receive; and (III) in the case of a child who may not be eligible for such preschool services, with the approval of the family, make reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services under Part B, to discuss the appropriate services that the child may receive.
X				4. As required in 20 U.S.C. 1437(a)(9)(B), the State has provided its policies and/or procedures to ensure review of the child's program options for the period from the child's third birthday through the remainder of the school year.
X				5. As required in 20 U.S.C. 1437(a)(9)(C), the State has provided its policies and/or procedures to ensure the establishment of a transition plan, including, as appropriate, steps to exit from the program.
				Optional Policies/Methods Type in 'NA' for not applicable under 'No' in the cells to the left if the State has not exercised this option.
			N/A	6. As required in 20 U.S.C. 1437(a)(4), if the State provides services to at-risk infants and toddlers through the statewide system, the State has provided its: 1) description of services to at-risk infants and toddlers, and 2) definition of 'at-risk' under 20 U.S.C. 1432(5)(B)(i).

Check and enter date(s) as applicable. Enclose relevant documents.			<i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i>	
Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)		No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2011.)		
N	R	OF		State Policies, Procedures, Methods, and Descriptions
X				<i>Enter 'NA' in the cells to the left if the State does not have a system of payment. (See Section IV.A)</i> 7. As required in 20 U.S.C. 1432(4)(B) and 1437(a)(3)(A), the State has provided its policies and/or procedures that identify the State's system of payments for Part C services.
			N/A	<i>Enter 'NA' in the cells to the left if this statement is not applicable; otherwise check the 'N' cell under the 'Yes' column and attach all policies.</i> 8. As described in 20 U.S.C. 1435(c) the State has provided its policy, developed and implemented jointly by the lead agency and the State educational agency, under which parents of children with disabilities who are eligible for services under 20 U.S.C. 1419 and who previously received services under Part C, may choose the continuation of early intervention services (which includes an educational component that promotes school readiness and incorporates preliteracy, language, and numeracy skills) for such children under Part C until such children enter, or are eligible under State law to enter, kindergarten. The statewide system ensures that-- (A) parents of children with disabilities served pursuant to 20 U.S.C. 1435(c) are provided annual notice that contains-- (i) a description of the rights of such parents to elect to receive services pursuant to 20 U.S.C. 1435(c) or under Part B; and (ii) an explanation of the differences between services provided pursuant to 20 U.S.C. 1435(c) and services provided under Part B, including-- (I) types of services and the locations at which the services are provided; (II) applicable procedural safeguards; and (III) possible costs (including any fees to be charged to families as described in 20 U.S.C. 1432(4)(B)), if any,

Check and enter date(s) as applicable. Enclose relevant documents.			N = 'New' Policy and/or Procedure R = 'Revised' Policy and/or Procedure OF = Policy and/or Procedure is already 'On File' with the USDE	
Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)			No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2011.)	
N	R	OF		State Policies, Procedures, Methods, and Descriptions
				<p>to parents of infants or toddlers with disabilities;</p> <p>(B) services provided pursuant to 20 U.S.C. 1435(c) include an educational component that promotes school readiness and incorporates preliteracy, language, and numeracy skills;</p> <p>(C) the State policy will not affect the right of any child served pursuant to 20 U.S.C. 1435(c) to instead receive a free appropriate public education under Part B;</p> <p>(D) all early intervention services outlined in the child's individualized family service plan under 20 U.S.C. 1436 are continued while any eligibility determination is being made for services under 20 U.S.C. 1435(c);</p> <p>(E) the parents of infants or toddlers with disabilities (as defined in 20 U.S.C. 1432(5)(A)) provide informed written consent to the State, before such infants or toddlers reach 3 years of age, as to whether such parents intend to choose the continuation of early intervention services pursuant to 20 U.S.C. 1435(c) for such infants or toddlers;</p> <p>(F) the requirements under 20 U.S.C. 1437(a)(9) shall not apply with respect to a child who is receiving services in accordance with 20 U.S.C. 1435(c) until not less than 90 days (and at the discretion of the parties to the conference, not more than 9 months) before the time the child will no longer receive those services; and</p> <p>(G) there will be a referral for evaluation for early intervention services of a child who experiences a substantiated case of trauma due to exposure to family violence (as defined in section 320 of the Family Violence Prevention and Services Act).</p> <p>The State shall submit to the Secretary, in the State's report under 20 U.S.C. 1437(b)(4)(A), a report on the number and percentage of children with disabilities who are eligible for services under 20 U.S.C. 1419 but whose parents choose for such children to continue to receive early intervention services under IDEA section 635(c).</p>

Check and enter date(s) as applicable. Enclose relevant documents.			<i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i>	
Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)		No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2011.)		
N	R	OF		State Policies, Procedures, Methods, and Descriptions
				<p>The policy shall include a description of the funds (including an identification as Federal, State, or local funds) that will be used to ensure that the option described 20 U.S.C. 1435(c)(1) is available to eligible children and families who provide the consent described in 20 U.S.C. 1435(c)(2)(E), and which description will identify fees (if any) to be charged to families as described in 20 U.S.C. 1432(4)(B).</p> <p>In accordance with 20 U.S.C. 1435(c)(5)(A), when providing services to a child with a disability who is eligible for services under 20 U.S.C. 1419, the State is not required to provide the child with a free appropriate public education under Part B for the period of time in which the child is receiving services under Part C.</p>
			N/A	<p><i>Enter 'NA' in the cells to the left if this statement is not applicable; otherwise check either the 'N' or 'R' cell under the 'Yes' column and attach appropriate written methods. See the Optional Technical Assistance Checklist for the full provisions of 20 U.S.C. 1440.</i></p> <p>9. The State has chosen to meet the requirement to establish financial responsibility for early intervention services under 20 U.S.C. 1440(b)(1) through 'appropriate written methods' under 20 U.S.C. 1440(b)(3)(C) other than State statute or regulation or signed interagency agreements.</p>
				Descriptions
		X		<p>10. As required by Section 427 of the General Education Provisions Act (GEPA), the State has identified barriers and developed strategies to address the barriers and has provided a description of the steps the State is taking to ensure equitable access to, and participation in, Part C of IDEA by infants, toddlers, and children with disabilities and their families and other Part C program beneficiaries.</p>
		X		<p>11. As required in 20 U.S.C. 1437(a)(3)(B), the State has provided a description of early intervention services to be provided to infants and toddlers with disabilities and their families through the</p>

Check and enter date(s) as applicable. Enclose relevant documents.			<i>N = 'New' Policy and/or Procedure</i> <i>R = 'Revised' Policy and/or Procedure</i> <i>OF = Policy and/or Procedure is already 'On File' with the USDE</i>	
Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)		No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2011.)		
N	R	OF		State Policies, Procedures, Methods, and Descriptions
				statewide early intervention system.
X				12. As required in 20 U.S.C. 1437(a)(5), the State has provided a description of the uses for which funds will be expended in accordance with Part C. <i>(See Section III. If the State is submitting a completed Section III, check 'N' under the 'Yes' column to the left.)</i>
X				13. As required in 20 U.S.C. 1437(a)(7) the State has provided a description of the procedures used to ensure that resources are made available under Part C for all geographic areas within the State.
X				14. As required in 20 U.S.C. 1437(a)(8), the State has provided a description of the policies and procedures used to ensure that, prior to the adoption by the State of any other policy or procedure necessary to meet the requirements of Part C, there are public hearings, adequate notice of the hearings, and an opportunity for comment available to the general public, including individuals with disabilities and parents of infants and toddlers with disabilities.
				15. As required in 20 U.S.C. 1437(a)(10), the State has provided a description of State efforts to promote collaboration among Early Head Start programs under section 645A of the Head Start Act, early education and child care programs, and services under Part C of IDEA.

Section II, A. State Policies, Procedures, Methods, and Descriptions

DEFINITIONS

The State of Idaho has adopted definitions for the following terms in the Individuals with Disabilities Education Act, Part C regulations for use in implementing the State's early intervention program.

AT RISK: an individual under three years of age who would be at risk of experiencing a substantial developmental delay if early intervention services were not provided to the individual.

ASSESSMENT: the ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify:

- 1) the child's unique strengths and needs;
- 2) the resources, priorities, and concerns of the family, and identification of supports and services necessary to enhance the developmental needs of the child; and
- 3) the nature and extent of early intervention services that are needed by the child and the child's family.

ASSISTIVE TECHNOLOGY DEVICE: any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of infants and toddlers with disabilities.

ASSISTIVE TECHNOLOGY SERVICE: a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:

- 1) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- 2) Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- 3) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- 4) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those included in the Individualized Family Service Plan (IFSP);
- 5) Training or technical assistance for a infant or toddler with disabilities or, if appropriate, that child's family; and
- 6) Training or technical assistance for professionals including individuals providing early intervention services or other individuals who provide services to, or are otherwise substantially involved in, the major life functions of individuals with disabilities.

AUDIOLOGY: includes:

- 1) identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
- 2) determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- 3) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- 4) provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
- 5) provision of services for prevention of hearing loss; and
- 6) determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

Section II, A. State Policies, Procedures, Methods, and Descriptions

CHILD FIND: a coordinated regional system for identifying eligible children and families. States are required to insure that 1) the Child Find efforts under Part B extend to infants and toddlers (birth through two years of age), and 2) a comprehensive evaluation is conducted at no cost to parents (i.e., is consistent with the "free and appropriate" requirements under Part B.) The Child Find policy includes a process for initial screening that identifies and refers children and families in need of further evaluation and possible intervention services.

CHILDREN: infants and toddlers with developmental delays, disabilities, or found to be eligible using informed clinical opinion.

CONSENT:

- 1) the parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication;
- 2) the parent understands and agrees in writing to the carrying out of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) that will be released and to whom;
- 3) the parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time; and
- 4) the parent has the right to determine whether the infant, toddler, or other family members will accept or decline an early intervention service under this part in accordance with State law, without jeopardizing other early intervention services under this part.

COUNCIL: State Interagency Coordinating Council as established in the Individuals with Disabilities Education Act, Section 641, and referred to as the Early Childhood Coordinating Council in accordance with Idaho Executive Order No. 2006-12.

CUED LANGUAGE SERVICES: provide a visual communication system that makes the sounds of spoken language look different from one another.

DAYS: calendar days.

DESTRUCTION: physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.

DEVELOPMENTAL DELAY: children with or without an established diagnosis who by assessment measures have fallen significantly behind developmental norms in one or more of the following areas: 1) cognitive development, 2) physical development, including vision and hearing, 3) communications skills, 4) social or emotional development, and 5) adaptive development.

EARLY INTERVENTION PROGRAM: the total effort in the state that is directed at meeting the needs of children eligible under IDEA, Part C, Idaho Infant Toddler Program and their families.

EARLY INTERVENTION SERVICES:

- 1) are designed to meet the developmental needs of each child eligible under this part and the needs of the family related to enhancing the child's development in any one or more of the following areas--
 - i. physical development;
 - ii. cognitive development;
 - iii. communication development;
 - iv. social or emotional development; or
 - v. adaptive development;
- 2) are selected in collaboration with the parents;

Section II, A. State Policies, Procedures, Methods, and Descriptions

- 3) are provided a) under public supervision, b) by qualified personnel, c) in conformity with an IFSP, and d) at no cost unless subject to a sliding fee schedule; and
- 4) meet the standards of the state including the requirements of this part.

To the maximum extent appropriate to the needs of the child, early intervention services are provided in natural environments which infants and toddlers without disabilities would participate including home and community settings.

Service providers are responsible for:

- 1) consulting with parents, other service providers, and representatives of appropriate community agencies to ensure effective provision of services in that area;
- 2) training parents and others regarding those services; and
- 3) participating in the multi-disciplinary team's assessment of a child and the child's family, and in the development of integrated goals and outcomes for the individualized family service plan.

Early Intervention Services include:

- 1) assistive technology devices and assistive technology services;
- 2) audiology;
- 3) family training, counseling and home visits;
- 4) early identification, screening and assessment services;
- 5) health services necessary to enable the infant or toddler to benefit from the other early intervention services;
- 6) medical services for diagnostic or evaluation purposes;
- 7) nursing services;
- 8) nutrition services;
- 9) occupational therapy;
- 10) physical therapy;
- 11) psychological services;
- 12) respite care (per Idaho Code, Title 16, Chapter 1);
- 13) service coordination;
- 14) social work services;
- 15) special instruction/developmental therapy;
- 16) speech-language pathology;
- 17) transportation and related costs that are necessary to enable an infant or toddler and the infant's or toddler's family to receive another service described in this paragraph; and
- 18) vision services.

Early Intervention Services are provided by qualified personnel, including:

- 1) Audiologists;
- 2) Developmental Specialists;
- 3) Family Therapists;
- 4) Nurses;
- 5) Nutritionists;
- 6) Occupational Therapists;
- 7) Orientation and Mobility Specialists;
- 8) Physical Therapists;
- 9) Pediatricians and other Physicians;

Section II, A. State Policies, Procedures, Methods, and Descriptions

- 10) Psychologists;
- 11) Social Workers; and
- 12) Speech/Language Pathologists.

EDGAR: Education Department General Administrative Regulations:

- Applicant: a party requesting a grant or subgrant under a program of the Department.
- Award: amount of funds that the Department provides under a contract, grant or cooperative agreement.
- Contract: procurement contract under a grant (except as used in the definitions for "grant" where qualified by "Federal".)
- Department: the U. S. Department of Education.
- Fiscal Year: the Federal fiscal year - a period that begins on October 1 and ends the following September 30.
- Grant: an award of financial assistance including cooperative agreements in the form of money, or property in lieu of money, by the Federal Government to an eligible recipient.
- Grantee: the nonprofit corporation or other legal entity to which a grant is awarded and which is accountable to the Federal Government for the use of the funds provided.
- Grant Period: period for which funds have been awarded.
- Private: as applied to an agency, organization, or institution, means that it is not under Federal or public supervision or control.
- Public: as applied to an agency, organization, or institution, means that the agency, organization, or institution is under the administrative supervision or control of a government other than the Federal Government.
- Secretary: the Secretary of the Department of Education or official or employee of the Department acting for the Secretary under a delegation of authority.

EDUCATION RECORDS: the type of records covered under the definition of "education records" in 34 CFR Part 99 (which are the regulations implementing the Family Education Rights and Privacy Act of 1974 (FERPA)).

ENVIRONMENTAL RISK: children who regardless of biological risk are vulnerable because of environmental conditions; they and their families are identified here not in judgment of the family's life situation, but because intervening services can positively impact the child's development and family's health.

ESTABLISHED CONDITION: children with a diagnosed physical or mental condition which has a high probability of resulting in developmental delay.

EVALUATION: the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of "infants and toddlers with disabilities," including determining the status of the child in each of the developmental areas.

FAMILY TRAINING, COUNSELING, AND HOME VISITS: services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.

Section II, A. State Policies, Procedures, Methods, and Descriptions

FREQUENCY AND INTENSITY: the number of days/sessions a service is provided, the length of time the service is provided during each session, and whether the service is provided on an individual or group basis.

HEAD START: a program that provides comprehensive services to low-income children and their families. Comprehensive Head Start services include children's cognitive, intellectual and social development, their physical growth and development, their health and nutritional needs, and their mental and emotional health. Head Start also provides family support for training, education, health care services and other social services to help strengthen their role as the child's primary mentor and teacher. Regular Head Starts or Region X grantees serve four-year-old through eight programs. Three Tribal Head Start grantees serve primarily three- to four-year-old children. These programs operate during the regular school year. Migrant and Seasonal Head Starts or Region XII grantees serve children six months to six years old of farm worker families. The Migrant Head Start program is a full-day, seasonal program that operates during the summer months. Early Head Start serves families with children from birth to age three.

HEALTH SERVICES: means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services. The term includes:

- 1) such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
- 2) consultation by physicians with other early intervention service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing other early intervention services.

The term does not include the following:

- 1) services that are surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus), or purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drug for any purpose);
- 2) devices necessary to control or treat a medical condition; or
- 3) medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

(Authority: 20 USC 1432(4))

NOTE: The definition in this section distinguishes between the health services that are required under this part; and the medical-health services that are not required. The IFSP requirements in Subpart D provide that, to the extent appropriate, these other medical-health services are to be included in the IFSP, along with the funding sources to be used in paying for the services. Identifying these services in the IFSP does not impose an obligation to provide the services if they are otherwise not required to be provided under this part.

IDEA: Individuals with Disabilities Education Act.

INDIVIDUAL FAMILY SERVICES PLAN: a written plan for providing early intervention services to each child eligible for services and for the child's family. The plan must:

- be developed jointly by the family (to the extent they wish to be involved) and appropriately qualified persons involved in the provision of early intervention services;

Section II, A. State Policies, Procedures, Methods, and Descriptions

- be based on the multidisciplinary evaluation and assessment of the child and information provided by the family or family assessment if the family wants to have such information included; and
- include services necessary to enhance the development of the child and the capacity of the family to meet the special needs of the child.

IMPARTIAL PERSON: the person appointed to implement the complaint resolution process.

INFANTS AND TODDLERS WITH DISABILITIES: individuals from birth through age two who need early intervention services because they:

- 1) are experiencing developmental delays as measured by appropriate diagnostic procedures in one or more of the following areas a) cognitive development, b) physical development including vision and hearing, c) communication development, d) social or emotional development, or e) adaptive development; or
- 2) have a diagnosed physical or mental condition (established condition) that has a high probability of resulting in developmental delay.

Utilizing informed clinical opinion of the multidisciplinary team, children from birth to 36 months who are at risk of substantial developmental delays if early intervention services are not provided may be found eligible for early intervention services in Idaho.

INFORMED CLINICAL OPINION: "Informed clinical opinion" makes use of qualitative and quantitative information to assist in forming a determination of eligibility regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention. Appropriate training, previous experience with evaluation, sensitivity to cultural needs, and the ability to elicit and include family perceptions are all important elements of informed clinical opinion.

INTERAGENCY AGREEMENTS: a delineation of the responsibilities of the parties to perform activities associated with the federally funded implementation of a statewide early intervention services system for young children with special needs and their families. It is the assigning of operation and fiscal responsibility for serving eligible children and their families.

LOCATION: actual place or places where a service is provided (home, i.e. center, child care setting, hospital, etc.)

MEDICAL/BIOLOGICAL RISK: children who do not have an identified disability or delay, but who, because of biological circumstances, such as very low birth weight, prematurity, or genetic predisposition, have a higher than normal chance of developmental problems.

MEDICAL SERVICES ONLY FOR DIAGNOSTIC OR EVALUATION PURPOSES: services provided by a licensed physician to determine a child's developmental status and need for early intervention services.

METHOD: how a service is provided.

MULTI-DISCIPLINARY: the involvement of two or more disciplines or professions in the provision of integrated and coordinated services including evaluation and assessment activities and the development of the Individual Family Service Plan.

NATIVE LANGUAGE: when used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of a child eligible under this part.

NATURAL ENVIRONMENTS: to the maximum extent appropriate to the needs of the child, early intervention services must be provided in settings that are natural or normal for the child's age peers

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who have no disability, including the home, community, and other culturally relevant settings in which children without disabilities participate.

NURSING SERVICES: include:

- 1) the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- 2) provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
- 3) administration of medications, treatments, and regimens prescribed by a licensed physician.

NUTRITION SERVICES: include:

- 1) Conducting individual assessments in:
 - a) nutritional history and dietary intake,
 - b) anthropometric, biochemical, and clinical variables,
 - c) feeding skills and feeding problems,
 - d) food habits and food preferences;
- 2) developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on evaluation findings; and
- 3) making referrals to appropriate community resources to carry out nutrition goals.

OCCUPATIONAL THERAPY: includes services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include:

- 1) Identification, assessment, and intervention;
- 2) Adaptation of the environment, and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
- 3) Prevention or reduction of the impact of initial or future impairment, delay in development, or loss of functional ability.

PARENT: a parent, a guardian, a person acting as a parent of a child, or a surrogate parent who has been appointed. The term does not include the State if the child is a ward of the State. State law may provide that a foster parent qualifies as a parent under this part if:

- 1) The natural parents' authority to make early intervention or educational decisions on the child's behalf has been relinquished under State law;
- 2) The foster parent has an ongoing, long-term parental relationship with the child;
- 3) The foster parent is willing to participate in making early intervention or educational decisions on the child's behalf; and
- 4) The foster parent has no interest that would conflict with the interests of the child.

PARTICIPATING AGENCY: any agency or institution which collects, maintains, or uses personally identifiable information or from which information is obtained under this part.

PERSONALLY IDENTIFIABLE: information includes:

- 1) the name of the child, the child's parents or other family member;
- 2) the address of the child;
- 3) a personal identifier, such as the child's or parent's social security number; or

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- 4) a list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

PERSONNEL PREPARATION: personnel training and development is the provision of a well educated staff in adequate numbers to effectively operate the programs. A staff development and training needs assessment is required to evaluate professional and paraprofessional knowledge on new techniques and state-of-the-art information. Training is provided to broaden the qualifications and skills of professionals working with young children with disabilities and their families. Securing adequate number of qualified staff also means developing effective standards, certification, and endorsement procedures.

PHYSICAL THERAPY: includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

- 1) Screening, evaluation and assessment of infants and toddlers to identify movement dysfunction;
- 2) Obtaining, interpreting, and integrating information appropriate to program planning, to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
- 3) Providing individual and group services or treatment to prevent or alleviate or compensate for movement dysfunction and related functional problems.

POLICIES: State statutes, regulations, Executive Orders, directives by the lead agency, or other written documents that represent the State's position concerning any matter covered under Part C. Policies include:

- 1) the State's commitment to develop and implement the statewide system;
- 2) the State's eligibility criteria and procedures;
- 3) a statement that a) provides that services under this part will be provided at no cost to parents except where State law allows for payment under the sliding fee schedule, b) sets out what fees (if any) will be charged and the basis for those fees;
- 4) the State's standards for personnel who provide services to children eligible under this part;
- 5) the State's position and procedures related to contracting or making other arrangements with service providers; and
- 6) the State's position and procedures related to implementing other requirements of this law (e.g., the remaining components).

PRIMARY REFERRAL SOURCE: includes:

- 1) hospitals,
- 2) physicians,
- 3) parents,
- 4) child care programs,
- 5) local educational agencies,
- 6) public health facilities,
- 7) other social service agencies, or
- 8) other health care providers.

PSYCHOLOGICAL SERVICES: include:

- 1) administering psychological and developmental tests, and other assessment procedures;
- 2) interpreting assessment results;

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- 3) obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
- 4) planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training and education programs.

PUBLIC AGENCY: includes the lead agency and any other political subdivision of the State that is responsible for providing early intervention services to children eligible under this part and their families.

PUBLIC AWARENESS: a program focusing on the early identification of infants and toddlers with disabilities which includes preparation and dissemination of information on the availability of early intervention services to all primary referral sources, including families. Public information is the provision of education aimed at improving community awareness and understanding of the needs of young children with disabilities and their families.

QUALIFIED: a person has met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the person is providing early intervention services.

REFERRAL: a structured contact to provide eligibility and services information, to obtain parental consent to begin the process of gathering appropriate information, and to assist families to access early intervention services.

RESPIRE CARE: provides brief periods of care for children eligible for early intervention whose care places special demands on families. Respite care assists families with day -to-day responsibilities.

SCREENING: a systematic process for determining which children in the general population are more likely than others in need of services. Screening procedures are quick, inexpensive, and should identify children suspect of having a problem and who then can be referred for further assessment and diagnosis.

SERVICE COORDINATION: the activities carried out by a service coordinator to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the state's early intervention program.

Service Coordination is an active, ongoing process that involves:

- 1) assisting parents of eligible children in gaining access to early intervention services and other services identified in the Individualized Family Service Plan (IFSP);
- 2) coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
- 3) facilitating timely delivery of available services; and
- 4) continuing to seek appropriate services and situations necessary to benefit development of each child being served for the duration of the child's eligibility.

The activities may include:

- 1) coordinating the performance of evaluations and assessments;
- 2) facilitating and participating in the development, review, and evaluation of individualized family service plans;
- 3) assisting families in identifying available service providers;
- 4) coordinating and monitoring the delivery of available services;
- 5) informing families of the availability of advocacy services;

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- 6) coordinating with medical and health providers; and
- 7) facilitating the development of a transition plan to preschool services or other community resources as appropriate.

SERVICE COORDINATION SERVICES: assistance and services provided by a service coordinator to a child eligible under this part and the child's family that are in addition to the functions and activities included under section 303.23 of Federal regulations.

SERVICE COORDINATOR: the individual selected or assigned by the team for each family to carry out service coordination activities to assist or enable a child or family to receive the rights, procedural safeguards and services authorized under Idaho's Early Intervention Services Act. Each eligible child or family must be provided one service coordinator who will coordinate all services across agency lines and serve as the single point of contact in helping parents obtain services and assistance which they need.

Service Coordinators may be employed or assigned in any way that is permitted under State law, so long as it is consistent with the requirements of this part.

State's policies and procedures for implementing early intervention services must be designed and implemented to ensure that service coordinators are able to carry out on an interagency basis the functions and services listed above.

The service coordinator demonstrates knowledge and understanding about:

- 1) infants and toddlers who are eligible under this part and families;
- 2) the sections of the Individuals with Disabilities Education Act relevant to infants and toddlers and the regulations of this Act; and
- 3) the nature and scope of services available under the state's early intervention program, the system of payments for services in the state, and other pertinent information including procedural safeguards.

SOCIAL WORK SERVICES: include:

- 1) making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- 2) preparing a social/emotional developmental assessment of the child within the family context;
- 3) providing individual and family-group counseling with parents and other family members, and appropriate social skill building activities with the child and parents;
- 4) working with those circumstances in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
- 5) identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

SPECIAL INSTRUCTION: in Idaho is frequently called, but is not limited to, developmental therapy and includes:

- 1) the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
- 2) curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
- 3) providing families with information & coaching families to develop skills, and support related to enhancing the skill development of the child; and
- 4) working with the child to enhance the child's development.

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SPEECH/LANGUAGE PATHOLOGY: includes:

- 1) identification of children with communicative or oral feeding disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
- 2) referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oral feeding disorders and delays in development of communication skills; and
- 3) provision of services for the habilitation, rehabilitation, or prevention of communicative or oral feeding disorders and delays in development of communication skills.

STATE: means the State of Idaho.

TRANSPORTATION AND RELATED COSTS: includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention services.

VISION SERVICES: means:

- 1) evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities;
- 2) referral for medical or the professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- 3) communications skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

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A-1. ELIGIBILITY (Definition of Developmental Delay)

Assurances

Idaho Code, Title 16, Chapter 1 assures that there are procedures in place defining developmental delay and established conditions for children and their families eligible under this Part.

Procedures

For the purpose of implementing P.L. 102-119, Amendments to the Individuals with Disabilities Education Act (IDEA), the provisions for eligibility in Idaho includes a two tiered model: 1) child find, which includes screening, tracking, monitoring, and referral services for children who are suspected to be at risk or delayed; and 2) early intervention, which includes developmental and therapeutic services for children who are subsequently identified as developmentally delayed or have an established condition for delay. No Part C funds will be used for intervention services for infants and toddlers at risk for developmental delay because of medical/biological or environmental factors.¹

- A. Child Find is a screening, tracking, monitoring, and referral process of identifying individual children who are thought to be at risk of manifesting developmental difficulties. Child find activities, including screening, tracking, monitoring and referral, are available to this group. Tracking is implemented within the confines of confidentiality and parental informed consent.

Child find services include the following procedures and conditions:

1. are consistent with the State's child identification, location and evaluation procedures required under Part B of the Act;
2. are coordinated with all other major child find efforts conducted by various public and private agencies throughout the State;
3. include procedures for making referrals to the central registry database and to service providers;
4. actions are delivered in reasonable time lines; and
5. include procedure for participation by and education of primary referral sources including hospitals and post natal care facilities, physicians, parents, other health care providers, public health facilities and child care programs.

- B. Early Intervention is a comprehensive program of educational and therapeutic services for the eligible child and family which facilitates the developmental progress of children age birth to three whose developmental patterns are atypical or are at serious risk of becoming atypical through certain physical or mental conditions.

Early intervention services are developmental in nature and satisfy the following conditions:

- a. provided under public supervision;
- b. provided at no cost, except when federal and state law allow;
- c. designed to meet the developmental needs of children across the five functional areas, as needed;
- d. meets state and federal standards;

¹ *This does not prevent eligibility based on informed clinical opinion for those infants and toddlers having a combination of risk factors that taken together make developmental delay highly probable.*

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- e. include but not limited to family training and counseling, special instruction, speech-language pathology, audiology, occupational therapy, physical therapy, service coordination, medical evaluation and diagnosis, early intervention screening and assessment, health services, social work services, vision services, assistive technology services and transportation.
- f. provided by qualified personnel;
- g. to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate; and
- h. delivered in conformity with the IFSP;

Eligibility Determination

The multidisciplinary team, which considers the multidisciplinary evaluation of the child and subsequent recommendations, family information, parent recommendations, observational information and informed clinical opinion, determines if the child meets the criteria for developmental delay or established condition.²

The evaluation of the child must be based on informed clinical opinion and include:

1. a review of pertinent records related to the child's current health status and medical history;
2. an evaluation of the level of functioning, as needed, in cognitive development, physical development including vision and hearing, communication development, social or emotional development and adaptive development;
3. an assessment of the child's unique needs in terms of developmental areas and identification of services appropriate to meet those needs; and
4. a summary of the family's information regarding the child.

If the multidisciplinary team cannot reach consensus regarding whether the child meets eligibility criteria, evaluation data and recommendations will be reviewed by the regional supervisor and/or early intervention specialist (EIS) to advise in eligibility determinations. The supervisor or EIS in coordination with the Program Manager will assist the MDT to make the final eligibility determination.

Note: All children determined non-eligible for early intervention are offered enrollment in the developmental monitoring program.

Eligibility Categories

²"Informed clinical opinion" makes use of qualitative and quantitative information to assist in forming a determination of eligibility regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention. Appropriate training, previous experience conducting evaluation, sensitivity to cultural needs, and the ability to elicit and include family perceptions are all important elements of informed clinical opinion. In using informed clinical opinion, the individual evaluator and the multi-disciplinary team seek to answer the question "What are the child's abilities and needs within his/her natural environment?"

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Categorical definitions (developmental delay and established condition) are included for purposes of reporting eligibility for funding and transition. Functional definitions which describe a child's developmental level are to be used for delivering intervention services.

1. Developmental Delay

a. **Definition** - These are children with or without an established diagnosis who by assessment measurements have fallen significantly behind developmental norms in one or more of the five functional areas.

b. **Criteria** - The degree of functional delay required for service eligibility is defined as follows:

Diagnosed by a multidisciplinary team, the child who performs 30% below age norm or exhibits a six month delay whichever is less, adjusted for prematurity up to twenty-four (24) months; demonstrates at least two (2) standard deviations below the mean in one (1) functional area; or at least one and one-half (1.5) standard deviation below the mean in two (2) or more of the following functional areas:

- (1) Cognitive development - reasoning skills or ability to problem solve.
- (2) Physical development (including vision and hearing) - gross motor skills used for postural control and movement and fine motor skills requiring precise coordinated use of the small muscles. Also includes sensory processing as well as tactile, vestibular and kinesthetic input (i.e., sensory integration, sensory processing disorders).
- (3) Communication - speech and language development - including expressive and receptive skills and non-verbal communication.
- (4) Social/Emotional development - attachment, interpersonal relationships, and interactions.
- (5) Adaptive development - daily living skills relating to feeding, dressing, hygiene, grooming.

The verification of measurable³ delay is obtained through an evaluation process which uses at least three of the following:

1. informed clinical opinion to include observational assessment;
2. standardized development test(s);
3. developmental inventory;

³ *Measurable delay is the difference between the child's chronological age and current level of functioning. Chronological age is the birth date of children born near term or full term. For those children born less than 37 weeks gestation, a corrected age is used to consider this prematurity in evaluating developmental achievement. This corrected age is not used after chronological age of 24 months has been reached. The ideal gestational age is 40 weeks. To determine a child's corrected age, use the following steps: Subtract the actual number of weeks gestation from 40. Then subtract the difference from the child's chronological age. This calculation will provide the child's adjusted age.*

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4. behavioral checklist;
 5. adaptive behavior measure;
 6. parent interview.
2. **Established Condition**
 - a. **Definition:** These are the children with a diagnosed physical or mental condition which has a high probability of resulting in developmental delay.
 - b. **Criteria:**
 - 1) **Confirmed sensory impairments**
 - a) Deaf-blind - Concomitant hearing and vision loss, the combination of which causes severe communication and other developmental and education problems.
 - b) Hearing impaired - Auditory impairments which include:
 - i. Hard of hearing - those children whose hearing is not included under the definition of deaf.
 - ii. Deaf - those children whose hearing loss is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects communication and development.
 - iii. Hearing loss in any of the degrees listed below (in one or both ears at one or more of the following frequencies--500 Hz, 1000 Hz and 4000 Hz):
Mild hearing loss -- 20-40 dB HL;
Moderate hearing loss -- 41-55 dB HL;
Moderately severe hearing loss -- 56-70 dB HL;
Severe hearing loss -- 71-90 dB HL;
Profound hearing loss -- 91 or greater dB HL; or
 - iv. Hearing loss (deaf or hard of hearing) that meets legal definition of such an impairment in the State of residence; or
 - v. Chronic Otitis Media, chronic allergies, and/or eardrum perforations which result in temporary or fluctuating hearing loss and may impair listening skills, language development, or articulation.
 - c) Visually impaired - Visual impairments which, even with correction, adversely affect a child's functioning. The term includes both partially sighted and blind. "Partially sighted" refers to the ability to use vision as one channel of learning if learning materials are adapted. "Blind" refers to the prohibition of vision as a channel of learning, regardless of adaptation of materials. Central acuity does not exceed 20/200 in the better eye with corrective lenses, or visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision.

2. Physical impairment (orthopedic)

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Physical impairment means having a condition that involves muscles, bones or joints and is characterized by impaired ability to perform fine and gross motor activities or self-help skills. Diagnoses include but are not limited to:

- spinabifida - meningocele
- spinal cord injuries
- arthritis
- severe burns
- muscular dystrophy
- loss of or deformed limbs
- transient dystonia (abnormal muscle tone including hyper and hypotonia)

3. Neurological - physiological impairments (developmental disabilities)

*A severe chronic disability that manifests itself at an early age, is likely to continue indefinitely, and results in substantial limitations in one or more of the five functional areas addressed in developmental delay.

- autism
- pervasive developmental disorder
- communication impairment - speech or language disorder in primary language
- epilepsy or other seizure disorders including neonatal seizures
- mental retardation
- cerebral palsy
- Down Syndrome
- other syndromes and chromosomal disorders
- other disorders of unknown etiology
- intracranial hemorrhage (level 3 or 4 bleed) or infarct

* Adapted from Federal and State Developmental Disability criteria.

4. Interactive disorders

Serious communication or psycho/social impairments that interfere with the infant or toddler's daily functioning and relationships. Categories under this condition include but are not limited to:

- severe, diagnosed attention deficit disorders
- disorders of attachment and
- those categories listed in Part B of I.D.E.A. or Head Start Standards under seriously emotionally disturbed or behavior disorder that are applicable to this age group.

5. Other health impairments

Health impairment is a limitation in strength, vitality, and alertness due to chronic health problem.

Diagnoses include but are not limited to

- hydrocephaly - microcephaly – encephaly
- endocrine and metabolic disorders (examples: hypothyroidism, cystic fibrosis, diabetes)

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- cleft lip/palate
- feeding abnormalities/difficulties
- heart conditions
- syndromes related to mother's substance ingestion or abuse (examples: HIV +, fetal alcohol syndrome)
- illness of a chronic nature with prolonged convalescence (examples: malignancies, severe asthma, failure to thrive, leukemia, lead poisoning, recurring respiratory syncytial virus-RSV).

The program does not classify a short-term medical problem as a health impairment.

6. Medically Fragile Infant

- gestational age \leq 32 weeks
- birth weight below 1500 grams (VLBW)
- Intrauterine growth retardation (IUGR), as diagnosed by physician, \leq 10th percentile
- small for gestational age (SGA) as diagnosed by physician, \leq 10th percentile
- respiratory distress syndrome
- central nervous system (CNS) instability as demonstrated by significant disorganized states of arousal and confirmed by a medical/therapeutic professional
- APGAR score below 6 at 5 minutes post birth

7. Prematurity (< 36 weeks gestational age) *plus* significant environmental risk, such as one or more of the following:

- Parent-infant attachment risk factors (e.g. decreased responsiveness or reciprocity of infant, parental depression/withdrawal, etc.)
- Parent with significant chronic, physical, or mental health problem or with a developmental disability where supportive or therapeutic services could facilitate parenting.
- Abused and/or neglected child.
- Multi-problem or severely stressful life situation (e.g. parent perception of severe financial problems, drug/alcohol problems in family, incarceration, inadequate support systems to deal with current life challenges, homeless, poor resources, limited parent education, etc.)
- No prenatal care.
- Maternal age 15 years and under.
- Foster placement of child

Note: The above risk factors, either singly or in combination, may also be sufficient to warrant eligibility for children born full-term. See Informed Clinical Opinion footnote, page 2.

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A-2. Referrals of Children Birth-3 Involved in Substantiated Cases of Abuse or Neglect

The Idaho Department of Health and Welfare has established policies and procedures that require the referral for early intervention services of a child under the age of 3 who is involved in a substantiated case of abuse or neglect or is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Procedures

Idaho Infant Toddler Program and Children and Family Services (CFS) are both organizationally housed in the Division of Family and Community Services under a single Division Administrator. Upon the passage of the CAPTA amendments in June, 2004, the Division convened joint planning in the development of a shared policy standard related to the referral of each child birth to three years of age who is involved in a substantiated case of abuse or neglect. This policy by definition includes children who are identified as exposed to illegal substances or are affected by withdrawal symptoms. The policy work resulted in joint training for Infant Toddler Program and Children and Family Services (child welfare) personnel statewide. The policy is reviewed annually and implementation has been evaluated regularly through the quarterly Continuous Quality Improvement reviews by CFS as well as semi-annual data reviews and Focused Monitoring visits by Infant Toddler Program. The standard for the referral process follows:

Standard

This standard outlines the procedures for referral by CFS to the Idaho Infant Toddler Program of every child, birth to three years of age, who is a victim of a substantiated report of child abuse or neglect.

The Infant Toddler Program is, by law, a voluntary program and has very specific regulations on who may consent for services and how frequently those consents must be obtained. Families involved with Children and Family Services may be under court-ordered case plans that can complicate the issues around consent for services. This standard covers referral procedures in both non-court and court-involved cases as well as who can and cannot consent for ITP services.

In all cases, consent for services from a child's parents must be diligently sought. It is only in rare and in very specific circumstances that consent can be given by someone other than the child's parent(s).

DEFINITIONS

(1) Acting as the Parent

Someone "acting as a parent" for purposes of consent to ITP services are limited to the following circumstances:

WHEN ---Child is in the custody or guardianship of the Department **AND**

Child's parents are deceased, permanently absent, or their parental rights have been terminated.

WHO ---The child's resource (foster or adoptive) parent may "act as a parent" for purposes of consent to early intervention services if, and only if, they meet following qualifications:

Has an ongoing, long term parental relationship with the child, **and**

Is willing to make decisions required of parents under this act, **and**

Has no interest that would conflict with the interests of the child.

If the resource parent meets the above qualifications, they may "act as a parent" and no surrogate is necessary. If the resource parent does not meet the qualifications, ITP must move to appoint a surrogate

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NOTE ---For children not in the Department's custody or guardianship who are living at home with a primary caretaker other than a parent (i.e. grandmother, aunt and uncle) that primary caretaker may consent to Early Intervention Services "acting as a parent."

(2) Consent for Assessment and Treatment

The consent form to be signed by any parent(s) whose child is in the Department's custody and is placed in foster care. This signed consent gives the Department the ability to access certain services on behalf of a child when parent(s) are unable to be located at the time services are needed. This consent replaces the Medical/Surgical Consent (HW0295) previously in use.

If this form is used in the parents' absence to complete evaluations or develop an IFSP, when the parents are located, they will be asked to consent to the specific evaluations or services in the Individualized Family Services Plan (IFSP) which was developed around the needs of their child during their absence.

(3) Court case

Case in which a magistrate judge has jurisdiction over a child protection matter. There are two types of court cases: (1) Child is placed into the **protective custody** of the Department and lives in an out-of-home placement such as family foster care, group home or institution; (2) Child is under the **protective supervision** of the Department and resides in their own home with Department and court oversight.

(4) Disposition

All reports of child abuse and neglect are prioritized for how quickly a worker must respond and make contact with the child/family. After a safety assessment is completed, the worker makes a decision as to whether or not the allegations are true or untrue based on the information they have gathered during their assessment. The report is then dispositioned as **Substantiated** (allegations of abuse/neglect are determined to be valid, supported by a confession, worker eyewitness or confirming evidence) or **Unsubstantiated** (allegations of abuse/neglect are determined to be invalid or there is inadequate information to determine whether the allegations are valid or not).

(5) Early Intervention Services

According to 34 CFR, Sec. 303.12, early intervention services means services that:

- Are designed to meet the developmental needs of each child who is eligible under the state definition of eligibility for Part C of IDEA and the needs of the family related to enhancing the child's development;
- Are selected in collaboration with the parents;
- Are provided under public agency supervision, by qualified personnel, in conformity with an individualized family service plan, and at no cost unless subject to fees according to a sliding fee schedule; and
- Meet State standards.

(6) Need to Know

When different Department programs have a common client, staff may share information on a "Need to Know" basis according to Department rules. What can be provided is information about the child and family to enable other program staff to effectively work with the common client. Information shared outside the Department will require a Release of Information signed by the family.

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(7) Parental Consent

Federally required written permission given by a parent or someone qualified to act “as a parent” to gain access to ITP services, both assessment and specific treatment services.

(8) Surrogate Parent

An individual who is appointed by the ITP to consent for early intervention services when a parent has retained their parental rights but (1) has not signed a Consent for Assessment and Treatment and (2) is not able to be located at the time despite diligent efforts to do so.

To be appointed, a surrogate parent must meet the following qualifications:

- Have no interest that conflicts with the interests of the child; **and**
- Not be an employee of any state agency; **and**
- Not be employed by a public or private agency which provides early intervention services to the child or to any family members of the child.

A child’s resource parent(s) may be appointed as a surrogate if they meet the above qualifications. ITP processes appointments of surrogates. The need to appoint a surrogate should be discussed with the child’s CFS worker as they may have input on who might best be appointed as a surrogate.

PROCEDURES FOR REFERRAL TO ITP

Referrals for evaluation and determination of eligibility for early intervention services may be made at any time by a community provider such as a physician, health care professional, Parents as Teachers, Early Head Start, child protection, or other community programs working to serve children and their families.

TYPES of CFS CASES and REFERRAL REQUIREMENTS (see following flowchart)

No CFS Case Opened. These situations involving suspected developmental delays in children 0-36 months may come to CFS attention as a result of an I&R or an unsubstantiated report. Because there is no substantiated report, a referral to ITP is not required. What is required is that the CFS worker gives the parent or referent information about the ITP. Packets of referral information are available from regional CFS offices.

CFS worker responsibilities:

- When a CFS worker becomes aware of a child age 0-36 months who may have developmental issues or delays, the CFS worker will give the parent or referent information about the Infant Toddler Program and document the action in FOCUS. **(flowchart - column I, box 2)**. No further CFS action is required.

ITP worker responsibilities:

- Parents may or may not contact ITP about services. If not contacted by parents, ITP is not required to take any further action **(flowchart - column I, box 3)**.

Substantiated Report and No Case Opened. When a report of child abuse or neglect is dispositioned in FOCUS as substantiated on a child birth to 36 months, the CFS risk assessment worker will make a referral directly to the Idaho Infant Toddler Program within **two working days of entry of the**

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disposition. The referral will be made to determine the need for services through Idaho's early intervention system.

CFS risk assessment worker responsibilities:

- Inform the child's family that a referral to the Infant Toddler Program is required by federal law (**flowchart - column III, box 2**);
- Complete the Referral/Application form with the family when possible. The form can be found at the end of this standard. The referral portion must be submitted to ITP within **2 working days** of entering a substantiated disposition into FOCUS (**flowchart - column III, box 3**);
- If you only complete the referral, the consent portion at the bottom of the form will need to be completed by the ITP worker when they meet with the family;
- The Referral/Application form can also be found in the parent ITP information packets.
- Document actions in FOCUS (**flowchart - column III, box 3**);
- No further CFS action required at this time. CFS worker may ask ITP to advise them of whether or not the family is able to be located and engaged.
- If this matter comes to CFS's attention at a future date, ITP will be contacted regarding the family's follow through with services.

ITP worker responsibilities:

- ITP worker makes diligent efforts to locate child/parent to initiate an evaluation (**flowchart – column III, box 4**);
- If unable to locate or engage with parent, the ITP worker will document the efforts for future reference (**flowchart – column III, box 5**).
- If evaluation(s) are conducted and child meets ITP eligibility criteria, an Individualized Family Services Plan (IFSP) will be developed.

Substantiated Report with Open Case (no court) When a report of child abuse or neglect is dispositioned in FOCUS as substantiated on a child birth to 36 months, the CFS risk assessment worker will make a referral directly to the Idaho Infant Toddler Program within **two working days of entry of the disposition.** The referral will be made to determine the need for services through Idaho's early intervention system.

CFS worker responsibilities (substantiated, open case, no court)

- Inform the child's family that a referral to the Infant Toddler Program is required by federal law (**flowchart - column II, box 2**); and
- Complete and submit a written referral form to the Infant Toddler Program within **2 working days** of entering a substantiated disposition into FOCUS (**flowchart - column II, box 2**); and
- Assist the family in completed an application for early intervention services (**flowchart - column II, box 2**); and
- If the ITP intake results indicate the child is eligible for services, the CFS worker may participate in the IFSP development and will assure that the child's needs are included in the CFS service plan (**flowchart - column II, box 4**); and
- Involve the family in service planning; and
- Monitor and evaluate family's follow through with their plan (**flowchart - column II, box 7**); and
- Document attempts to engage family and their participation in services (**flowchart – column II, box 7**); and
- Periodic exchange of information with ITP regarding progress is required (**flowchart - column II, box 8**); and

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- When closure appears to be appropriate, complete reassessment of risk, staff case with family and ITP for closure. Family may choose to continue ITP services without CFS involvement. There is no need to continue an open case with CFS in order for child to receive ITP services; and
- Close case and report closure to ITP.

ITP worker responsibilities:

- Make diligent efforts to locate family from information contained in CFS referral. Typically this would involve 3 attempts to contact, including one of them in writing. If, after 1 or 2 contacts, the ITP worker is unable to locate the family, check back with CFS worker to determine if family residence has changed or if parents will be coming to the office for a visit or other meeting and then complete attempts to contact (**flowchart – column II, box 3**); and
- If efforts to contact/engage are unsuccessful, please report this to CFS case manager (**flowchart – column II, box 7**); and
- If efforts are successful, complete an intake with the child/family. Information from the CFS worker and the parent or caregiver will be used in the evaluation process.
- Appropriate assessment tools will be used to evaluate the child's developmental status. This includes screening or evaluation of social/emotional functioning and behavioral aspects of the child's development; and
- Evaluation results will be presented to the Infant Toddler Program's multi-disciplinary team (which includes the primary referral source (CFS) and other appropriate partners) for eligibility determination as defined by Part C of IDEA; and
- **If child is found not eligible** for services through the Infant Toddler Program, community referral information will be provided to the family for other programs/services to meet the needs of the child and family. Each child will be referred for Developmental Monitoring with the use of the Ages and Stages Questionnaires. This gives the child's family the opportunity to track the child's development and know what to expect in the way of age appropriate developmental milestones. Other referrals may include: Early Head Start, Parents as Teachers, private agency/therapist, or other appropriate early childhood services providers; and
- **If child is found eligible** for services, develop IFSP with family; and
- CFS worker may be included in development of IFSP, if not, communicate content of IFSP to the CFS worker so that the child's needs and services may be reflected in the CFS service plan; and
- Periodic exchange of information, at least every 6 months, with CFS regarding family's participation and progress. Regular contact should be included in the service coordination objectives (**flowchart - column II, box 8**);
- Document parental participation and child's progress; and
- ITP services may continue beyond the involvement of CFS, or if the child meets developmental goals, may be terminated prior to closure of the CFS case.

Substantiated Report with Open Court Case (either Protective Custody or Protective Supervision.

When a report of child abuse or neglect is dispositioned in FOCUS as substantiated on a child birth to 36 months, the CFS risk assessment worker will make a referral directly to the Idaho Infant Toddler Program within **two working days of entry of the disposition.** The referral will be made to determine the need for services through Idaho's early intervention system.

CFS worker responsibilities (substantiated, open, court case)

- **(with protective custody)** Parent or legal guardian should sign Consent to Assessment and Treatment form which allows specific services including ITP to be provided when/if the parent is

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unavailable to consent for a specific service at the time it is needed (**flowchart - column II, box 1**).

- Inform the child's family that a referral to the Infant Toddler Program is required by federal law whenever a report is substantiated (**flowchart - column II, box 2**); and
- Complete and submit a written referral form to the Infant Toddler Program within **2 working days** of entering a substantiated disposition into FOCUS (**flowchart - column II, box 2**); and
- Assist the family to complete an application, including consent (included on Referral/Application for ITP services) for early intervention services when necessary. (**flowchart - column II, box 2**); and
- Provide any relevant information (i.e. address, phone number) or updates to the Infant Toddler Program to minimize the number of times parent(s) must give the same information to different staff; and
- Assist the ITP worker in locating parents when/if it becomes difficult (**flowchart – column II, box 3**); and
- Following ITP intake and assessment, if child is found eligible for early intervention services, CFS worker is to attend and involve family in the development of the Individualized Family Services Plan (IFSP); and
- The services in the IFSP will be reflected in the family's CFS service plan (case plan). The service plan is submitted to the court for approval. The service plan is one of the primary ways that the court is informed of the child's needs; and
- The CFS worker will attend an IFSP staffing at least once every six months. If either program needs the advice of the MDT more frequently in order to better monitor the service plan and report to the court, he/she should contact the child's ITP service coordinator to set up a meeting; and
- It is appropriate and permissible for the CFS worker to share with the ITP MDT what progress is being made by the parents, especially as it relates to any of the child's developmental needs and family reunification; and.
- When ITP services are in the court ordered plan and the parent(s) refuses to follow through, CFS worker will inform the court of parental non-compliance. (**flowchart – column II, box 6**); and
- Ongoing communication between CFS and ITP is imperative (**flowchart – column II, box 8**).

ITP worker responsibilities:

- Make diligent efforts to locate and engage family in ITP intake and assessment through 3 attempts to contact, one of them in writing (**flowchart – column II, box 3**); and
- If unable to locate the family, contact CFS worker and develop a plan for moving ahead with the intake/assessment (**flowchart - column II, box 6**); and
- Complete an intake. Information from the CFS worker and the parent or caregiver will be used in the evaluation process. Appropriate assessment tools will be used to evaluate the child's developmental status. This includes screening or evaluation social/emotional functioning and behavioral aspects of the child's development; and
- Evaluation results will be presented to the Infant Toddler Program's multi-disciplinary team (which includes the primary referral source (CFS) and other appropriate partners) for eligibility determination as defined by Part C of IDEA; and
- **If child is found not eligible** for services through the Infant Toddler Program, community referral information will be provided to the family for other programs/services to meet the needs of the child and family. Each ineligible child will be referred for Developmental Monitoring with the use of the Ages and Stages Questionnaires. This gives the child's family the opportunity to track the child's development and know what to expect in age appropriate developmental milestones.

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Other referrals may include: Early Head Start, Parents as Teachers, private agency/therapist, or other appropriate early childhood services providers; and

- **If child is found eligible** for early intervention services, an Individualized Family Service Plan (IFSP) will be developed with the family and/or the established caregivers. The CFS case manager is to be involved in the planning meeting. When developmental concerns are identified and need to be addressed as part of the child's well-being, the ITP worker and/or service coordinator should be involved in CFS case plan development. The service coordinator will be assigned to assist with the coordination of services relevant to the child's developmental needs.
- Periodic exchange of information with CFS regarding family's participation and progress including written reports to the court or court testimony (**flowchart - column II, box 8**);
- Document parental participation and child's progress; and
- ITP services may need to continue beyond the involvement of CFS, or if child meets developmental goals, services may be terminated prior to closure of the CFS case.

Consent Issues

- If there is a court case and parent is unable to be located following diligent efforts to locate, invoke the Consent to Assessment and Treatment signed earlier by the parent and begin ITP evaluation services;

OR

- If a court case and parent is unable to be located and no Consent to Assessment and Treatment was signed by the parent, ITP initiates the appointment of a surrogate parent. The surrogate may be the foster parent or other individual who meets the surrogate criteria;

OR

- If a court case and the parents have had their rights terminated (TPR) or are deceased and DHW is the child's guardian, the foster parent who meets criteria may consent "as a parent." If foster parent doesn't meet criteria, ITP initiates the appointment of a surrogate parent.

Periodic review. Each Individualized Family Service Plan will be periodically reviewed with the family and the child's CFS worker, at intervals to be identified in the plan (at least every 6 months) to evaluate the child's and family's progress toward achieving the objectives outlined in the IFSP. The IFSP team will revise the IFSP as needed by developing an addendum or rewriting the plan if additional services or changes in services are required for effective early intervention. It may be necessary for the team to convene on a more frequent basis at the request of the CFS worker, the family, or the service coordinator.

Flowchart follows

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CFS/ITP Referral Flow Chart

Mandatory Referral On All Substantiated Reports of Abuse/Neglect court related steps are shaded

<p>I. II. III. (1)</p> <p style="text-align: center;">No CFS Case Opened</p> <p>Information and Referral or unsubstantiated case where there are developmental concerns</p>	<p>(1) CFS case opened</p> <p>For child in IDHW custody, parent or guardian should sign Consent to Assessment and Treatment which allows specific services to be provided when/if the parent is unavailable to consent for a specific service at the time it is needed.</p>	<p>(1) Substantiated Report no CFS case opened</p>
<p>(2) CFS worker gives/sends parent/referent information about ITP and documents the action in FOCUS</p>	<p>(2) If substantiated, CFS worker informs parent of requirement to make a referral to ITP</p>	<p>(2) CFS worker informs parent of requirement to make a referral to ITP per CAPTA law</p>

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		per CAPTA law CFS to make referral to ITP within 2 days CFS worker makes a written referral to ITP and assists parent in completing an application for services	
(3) Parents may or may not contact ITP about services. If not contacted by parents, ITP takes no action.		(3) ITP makes diligent efforts to locate child/parent to initiate evaluation.	(3) CFS worker makes written referral to ITP within 2 days and may assist parent in completing an application for child to be screened. Document actions.
(4) In any open case, include child's needs in service plan.	(4) ITP makes diligent efforts to locate child/parent to initiate evaluation.		
(5) If there is court involvement, inform court of child's needs and the parents' responsibilities with respect to those needs as reflected in the service plan	(5) If ITP is unable to engage with parent, ITP will document efforts for future reference.		

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(6) If a court case, ITP services are in the plan and the parent refuses to follow through, inform court of non-compliance

OR

If a court case and parent is unable to be located following diligent efforts to locate, invoke the Consent to Assessment and Treatment signed earlier by the parent and begin ITP services.

OR

If a court case and parent is unable to be located and no Consent to Assessment and Treatment was signed by the parent, ITP initiates the appointment of a surrogate parent. The surrogate may be the foster parent or other individual who meets the surrogate criteria.

OR

If a court case and the parents have had their rights terminated (TPR) or are deceased and DHW is the child's guardian, the foster parent who meets criteria may consent "as a parent." If foster parent doesn't meet criteria, ITP initiates the appointment of a surrogate parent.

(7) CFS and ITP each document info they have about attempts to contact and follow through.

(8) Periodic exchange of information regarding progress is required. Periodic reports to the court will contain detail about progress of child and parents in following their service plan.

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A-3, 4, 5. TRANSITION

Idaho has procedures to ensure smooth transition for children under Part C who are eligible for early childhood special education services under Part B. Agencies participating in the Infant Toddler Program and transition to the preschool program or other appropriate services shall use the following major principles to guide the implementation of placement and transition processes:

- The Infant Toddler Program personnel refers children to the local school district or other appropriate services in which the child resides.
- These processes should be as simple and efficient as possible. Thus, agencies should consider a referral to any one of them as a referral to the entire system. Common confidentiality and information release practices allow for the expeditious sharing of relevant child- and family-specific material.
- Parents shall be actively involved in and informed of all aspects of the placement and transition processes. They also have the right to participate in the process for identification and selection of services for which their child is eligible.

PROCEDURES:

Idaho Infant Toddler Program and the State Department of Education have an agreed upon joint policy guidance document and provide joint training on the procedures to Infant Toddler Program staff and school district personnel. Procedures for transition are as follows:

A. Overview

Transitions are times of change or modification in services or personnel for children and families. A significant transition occurs when a child reaches age three (3) and the child and family is no longer eligible for early intervention services under the Infant Toddler Program. Upon reaching age three (3), a child may be eligible for services through the local educational agency (LEA). Planning for transition is an ongoing interagency process that explores options and provides information, support, and linkages to new situations and services. Joint planning between agencies is necessary to ensure a smooth and effective transition for children and their families.

Discussions about transition from the early intervention system will begin at the IFSP meeting closest to the child's second (2nd) birthday to help prepare the family and allow time to coordinate between agencies. Transition activities that need to be accomplished by The Infant Toddler Program prior to age three include the following:

- Orient the family to the concept of transition, the transition process, and possible community resources for when the child turns three (typically this occurs on an ongoing basis between 2 years and 2 years 6 months of age).
- Assist the family to review the child's program options that will be available at age three. Options will vary depending upon child's age, geographic location, unique interests/resources and capabilities of the child and family. Sharing information about a variety of community partners is encouraged- including HS, child care centers, private preschool, community groups, or LEA preschool, etc.
- Develop a transition plan as part of the IFSP that includes the steps and services to ensure a smooth transition to LEA preschool special education or other community services as appropriate
- Make a referral to the receiving agency.

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- Schedule a transition conference with the receiving agency with parent approval.

Transition activities that need to be accomplished by Part B for children who are referred to Part B by Infant Toddler Program to determine eligibility for preschool special education services and to ensure that IEP can be developed and implemented by the child's third birthday include the following:

- Provide information to family about Part B when notification is received
- Participate in the transition conference and provide parents at the conference with information about LEA preschool services
- Obtain consent from the parent for initial evaluation
- Review Infant Toddler Program's and other existing information to determine additional data needed to determine whether the child is eligible for Part B services
- Conduct initial evaluation and determine eligibility within state timelines
- Invite ITP service coordinator to IEP meeting, if parent requests
- Conduct IEP meeting, develop IEP, and receive consent for initial placement from parent

Transition issues may include the shift from one service system to another, differences in eligibility requirements, new demands for child participation, differing expectations for child behavior and "readiness", new types and levels of staff involvement and training, and philosophical shifts in intervention models. Careful and thoughtful joint planning by the local early intervention program and the local school district (LEA) will promote smooth and coordinated movement between programs and services.

B. Notification to LEA - Level 1 and Level 2

Under Part C of IDEA, the Infant Toddler Program is responsible for two different "notifications" to a Local Educational Agency/School District for children who are at least 2 years 6 months of age. Parental consent is not required for either of these notifications; notification will be provided on all children even if a parent is uncertain or not interested in pursuing Part B eligibility or services.

Level 1: Notification to the LEA of ALL children who will shortly reach age of eligibility for Part B services (i.e. three years old) and who have been served under Part C and reside in that district(303.148(b)(1))

- a. To accomplish this level of notification, the Infant Toddler Program will provide a list of all children reaching 2 years 6 months of age, including the child's name, date of birth, and parent contact information (names, addresses and telephone numbers) to each school district on a monthly basis. This may also include the service coordinator's name and contact information and the language(s) spoken by the child and family to further assist the LEA in meeting the child find responsibilities.
- b. This limited child find information may be provided electronically or in hard copy according to the interagency agreement. Some programs that partner with districts serving small numbers of children may send individual letters as needed rather than a monthly list. This notification is NOT a referral for Part B services.

Level 2: Notification to the LEA of children who are potentially eligible for Part B services at age three in accordance with IDEA. [20 USC 1416(a)(3)(B) and 1442]. Because this notification

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equals initial referral to the LEA for Part B eligibility determination, the LEA is required to provide notice of procedural safeguards and information on Part B to the child's parents. This data about potentially eligible children will be used for measurements of Annual Performance Report (APR) Part C Indicator 8b and Part B Indicator 12a.

- a. To accomplish Level 2 notification, the Infant Toddler Program will provide the LEA with names of all children who are "potentially eligible" for Part B services. This information may be provided electronically or in hard copy according to the interagency agreement. Some programs that partner with districts serving small numbers of children may send individual letters as needed rather than a monthly list.
- b. The following definition of "potentially eligible" will be used:

A child **is potentially eligible** and should be referred to the LEA for transition planning and a Referral to Consider Special Education Evaluation if they meet the following conditions:

- Child is over age 2.6 and is eligible for Early Intervention services, and
- Child is eligible for Part C under the category of "Developmental Delay" (DD), or
- Child is eligible for Part C under the category of "Established Condition" (EC) with exception of the following subcategories which have a low likelihood of impacting the child's educational performance and require an individual review and determination of potential eligibility:
 - Premature Infant under 32 weeks Gestational Age
 - Premature Infant with Environmental Risk Factors
 - Medically Fragile Condition

A child **is NOT potentially eligible** and should NOT be referred to the LEA for transition planning and a Referral to Consider Special Education Evaluation if they meet the following conditions:

- Child is over age 2.6 and has an active IFSP, and
 - Child is eligible for Part C services under the category of "Informed Clinical Opinion" (ICO).
- c. Following Level 2 notification, the LEA will do the following:
 - i. Make contact with the family and
 - Provide notice of procedural safeguards.
 - Provide written information about the Part B and early childhood special education services. This information may be provided in person at a transition conference or by mail.
 - ii. Complete the appropriate referral and evaluation responsibilities according to Section E & F below.

C. Development of IFSP Transition Plan

In Idaho, discussion about the upcoming transition from Infant Toddler Program to other services will begin during the IFSP meeting nearest the child's 2nd birthday. At this meeting, the IFSP team is

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responsible for developing a transition plan as part of the IFSP. The transition plan must include steps needed to support the transition of the child to preschool special education or other appropriate services. This planning must address the following:

- Discussions with parents regarding a transition conference that occurs no later than 2 years 9 months of age, future placement options, and the potential benefits of participation in early childhood learning programs;
- Procedures to prepare the child and family for changes in service delivery, including steps to help the child adjust to and function in a new learning environment; and
- If appropriate, plans for transmitting information about the child to the LEA to ensure continuity of services. With parental consent, information to be shared may include evaluation and assessment information and copies of IFSPs.
- Options available from the child's third birthday through the remainder of the school year.

The transition plan is revised at subsequent IFSP meetings and/or the transition conference as appropriate.

D. Transition Conference

The purpose of the transition conference is to introduce the child/family to program or service options the child may access after age three. Unless the parent requests otherwise, the Infant Toddler Program agency is required to invite an LEA representative to the transition conference for those children that are "potentially eligible" for Part B services.

The transition conference takes place as part of an IFSP meeting and must be held at least 90 days before the child turns 3 (and at the discretion of all parties, up to 9 months before their third birthday). The transition conference typically occurs between 2 years 6 months and 2 years 9 months years of age. However, for children with complex needs or those requiring more time, it can be scheduled as early as 2 years 3 months of age. Timing will vary according to local protocol and the unique needs of the family.

Transition planning should occur for all children exiting the early intervention system. Cross-agency planning may require sharing specific and personally identifiable information about a child (such as the most recent evaluations or medical diagnosis reports) with people outside the early intervention system. The ITP service coordinator must obtain written consent from the parent prior to exchange or release of information about their child.

All families are routinely provided written information about Part B services by their ITP service coordinator. If a parent is not interested in Part B services, or does not provide consent to share evaluation and service information with the LEA, transition planning will proceed without participation of the LEA. However, the LEA must still provide information to these families as specified above in Level 2(c).

If the family is interested in receiving early childhood special education services in their local school district, the Infant Toddler Program staff will prepare a written invitation to a transition conference and provide it to the parent, school district staff, early intervention providers, and others as requested by the family.

Prior to the conference, the ITP service coordinator will share information about the child with school district staff as negotiated through the Interagency Protocol and specified in the Consent to Release

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Information form signed by the parent (i.e. the most recent evaluations and reports). This information will assist the LEA in determining whether or not a child is suspected of having a disability under Part B.

The LEA is required to participate in the transition conference; however if the LEA does not participate in the conference, the Infant Toddler Program must still hold a transition conference at least 90 days (and at the discretion of all parties, up to nine months) prior to the child's third birthday and must have invited the LEA representative to the conference.

The meeting may also include other providers such as Head Start (if the local program grant allows for service provision to 3 yr olds), Idaho Educational Services for the Deaf and Blind and other community programs/resources the family is currently involved with or is interested in accessing.

The following activities must occur at the transition conference:

- With written parental consent to release information, review existing evaluation and service information that are reflective of the child's current development and performance.
- Provide information about Part B preschool services (including a description of the Part B eligibility definitions, state timelines and process for consenting to an evaluation and conducting eligibility determinations under Part B, and the availability of special education and related services
- Review the child's options from the child's third birthday through the remainder of the school year.
- Determine whether a referral to Part B for special education evaluation is appropriate.

The following may occur at the transition conference:

- Coordinate activities between the family and receiving agency, such as making arrangements to share information, meet the teacher, explore the classroom
- Modify the IFSP to address specific steps/actions needed to assure child and family are well prepared to be successful in the new location (orient to new environment and activities, riding bus, etc, review AT needs and update if necessary, work on needed skills such as separation, participation in group, following directions, etc.)
- Assure that parents have received and understand their rights and protections under Part B (prior notice and parent consent requirements under 34 CFR 300.504-300.505).
- If appropriate, complete referral forms (Part B Form 330a, Referral to Consider Special Education Evaluation), review existing evaluation/assessment information, obtain consent for initial evaluation, and determine eligibility for Part B. These tasks may also occur in subsequent meetings. (See the Sections E-Referral and F-Evaluations and Eligibility Determination below)

E. Referral to Part B Preschool Special Education Services

If the child will be/is referred to the LEA to determine eligibility for Part B services, both Infant Toddler Program and the LEA must complete certain activities.

The Infant Toddler staff or Service Coordinator must get written parental consent to release information (use form HW0322 Authorization for Disclosure). Then the following documents will be compiled and included in a referral packet:

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- Signed “consent to release information”
- Existing ITP evaluations/assessments, including specific test/cut off scores when available
- Current IFSP

The LEA must:

- Review or complete a *Referral to Consider a Special Education Evaluation form*.
- Provide the parent a copy of the *Procedural safeguards Notice* and discuss and explain their importance.
- Afford the parent an opportunity to provide input regarding the need for and scope of the initial evaluation.
- Review all available information and records, including family and health history, and previous assessments and evaluations conducted if parental consent for release of information has been obtained by Infant Toddler Program (use form HW0322 Authorization for Disclosure).
- Decide what additional information, if any, is needed. If additional assessments are needed, parental consent must be obtained by the LEA and written notice provided to the parent. This review and determination process can take place at a face-to-face meeting of the evaluation team or through an alternate format, unless the parent desires that a meeting be held.
- If the team determines that the student is not eligible for Part B services, the team should seek other avenues for services to meet any identified needs. **Written notice of the district’s decision** shall be provided to the parent.

Unique Circumstances: Late Referral to Infant Toddler Program , Late Referrals to Part B from ITP , and Summer Birthdays

1. **“Late Referral” to Infant Toddler Program** – For children who are referred to ITP late (after 2 years 6 months of age), different procedures will be followed in making transition based upon the child’s age when referral occurs.
 - a. Children referred to Infant Toddler Program between 2 years 6 months and 2 years 9 months of age - Children who are referred to ITP between 180 days and 90 days prior to the child’s third birthday must have the following activities completed by the Infant Toddler Program:
 - i. Evaluation and assessment and eligibility determination
 - ii. If eligible, an IFSP outlining the services required, including a strong focus on steps necessary to effectively transition the child into the next learning environment at age 3
 - iii. Level 1 Notification (All children) and as appropriate, Level 2 Notification (children who are potentially eligible) is provided to the LEA as soon as possible after IFSP is completed. This will ensure that the LEA has sufficient time to complete the initial evaluation for eligibility within the required timelines and develop an IEP by the

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child's third birthday. (Please see section B, *Level 2b* for definition of potentially eligible.)

- iv. A Transition Conference prior to 90 days before the child's third birthday. For children referred close to 90 days before the child's third birthday, the transition conference should be held at the initial IFSP meeting. (See *D. Transition Conference* above for more information about Transition Conference requirements).

LEA must complete all responsibilities related to the initial evaluation for determining Part B eligibility and IEP Development (For more detail, see section *F, Evaluation and Eligibility for Part B*, and section *G, IEP Development*).

- b. Children referred to Infant Toddler Program between 2 years 9 months and 2 years 10.5 months of age - Children who are referred to ITP between 90 and 45 days prior to the child's third birthday may have simultaneous eligibility determinations made for Part C and Part B. The following activities must be completed:

- i. Infant Toddler Program informs the family about early intervention services ending at age 3 and provides the LEA notification of a potentially eligible child (Level 2 notification) at the same time they are initiating services through the Infant Toddler Program. This will assist the LEA to complete the initial evaluation for eligibility determination within the required timelines.
- ii. Evaluation/assessment and eligibility determination are completed for ITP and Part B according to local interagency protocol agreements. (Note: The LEA is responsible for completing all responsibilities related to the initial evaluation for determining Part B eligibility and IEP development by age three. For more information, see section *F, Evaluation and Eligibility for Part B* and section *G, IEP Development*.)
- iii. If child is eligible for Part C services, an IFSP is developed. The plan will include outcomes that focus on skill development, activities geared to preparing the child/family for success in the next program setting, and steps required to effectively transition the child into the next learning environment at age 3 (e.g., transition plan).

For children who are also found eligible for Part B, the initial IFSP meeting may be held in conjunction with the initial IEP meeting to ensure that both Part C and B timelines can be met. To minimize unnecessary plan development and to ensure compliance with Part C and Part B requirements and timelines, **a supplement to the IEP may be completed by Infant Toddler Program staff in lieu of development of a full IFSP.** At a minimum, this supplement will address the child's service needs, contain steps to support transition (a transition plan), and outline needed service coordination activities. (Please see supplemental form ____ to guide this process)

Section II, A. State Policies, Procedures, Methods, and Descriptions

- c. Children referred to Infant Toddler Program between 2 years 10.5 months of age and the child's third birthday - If ITP receives a referral on a child extremely late (within 45 days of the child's third birthday) the child will be referred immediately to Part B using whatever information is available on the child (e.g., basic demographic information). The child will not have a Part C evaluation or IFSP developed. For these children, the LEA treats them as new referrals and not children transitioning from Early intervention and as a result Part B is not required to develop an IEP prior to the child's third birthday. All requirements related to conducting an initial evaluation for eligibility determination including timelines, must be met.
2. **Late Referrals to the LEA from Infant Toddler Program** - ITP is required to provide timely notification of potentially eligible children (Level 2 Notification) to Part B and convene a transition conference at least 90 days before the child's third birthday for children who were referred to ITP more than 90 days before the child's third birthday. In the event ITP fails to do so, the LEA is responsible for ensuring that an initial evaluation under Part B is completed and, if the child is determined eligible under Part B, an IEP is developed and implemented by the child's third birthday, even if the 60 day timeline for conducting an initial evaluation expires after the child's third birthday. It is the responsibility of both the Infant Toddler Program and the LEA to work collaboratively to ensure children who are potentially eligible for Part B receive timely transitions.
3. **Summer birthdays** – State rules specify that school districts are not required to provide services when school is not in session for greater than 5 days. As a result, timing around transition planning for children who turn age three during the summer months must be adjusted to assure the transition can be completed in an effective manner. It is critical that agencies work together to ensure that there is timely LEA notification of potentially eligible children (referral to Part B) and transition conferences to ensure that Part B eligibility determination can occur and IEP is developed prior to end of the school year.

The requirement for eligibility to be determined and an IEP developed for the child prior to their third birthday remains in place. The LEA remains responsible for assuring appropriate information/evaluations are available to determine Part B eligibility and have an initial IEP or modified IFSP developed prior to age three.

Options include:

- prior to the summer months, develop the initial IEP and amend if necessary when school is in session.
- prior to the summer months, modify the IFSP to serve as the IEP throughout the summer and complete an IEP once school is in session
- determine if the child is in need of extended school year services under Part B. The Local Interagency Protocol will define the process between agencies to share data needed to determine ESY eligibility. For more details, see Section G, *IEP Development*.

Infant Toddler Program transition plans should explore other community options available to children for the summer months.

Section II, A. State Policies, Procedures, Methods, and Descriptions

F. Evaluation and Eligibility for Part B

The LEA is responsible for making decisions regarding evaluation, assessments and eligibility for Part B, not Infant Toddler Program staff. However, Part C and Part B staff should make use of and align available assessment/test information (i.e. test or cut off scores) needed for meeting eligibility criteria and to avoid duplication of efforts and additional time for assessment.

Evaluation refers to the procedure used to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs.

Assessment is integral to the evaluation process and includes the formal or informal processes of systematically observing, gathering, and recording credible information to help answer evaluation questions and make decisions. Assessments and data may include standardized or non-standardized, criterion-referenced (e.g. curriculum-based measures), observations, interviews, medical reports, etc. LEA is responsible for ensuring the following:

- The **evaluation team** includes the same membership as the individualized education program (IEP) team, although not necessarily the same individuals. Membership must include at least the parent, district administrator, special education teacher, general education teacher, individual who can interpret implications of evaluation results and other individuals who have knowledge or special expertise regarding the child.
- **Written notice is provided and informed written consent** is obtained for an initial evaluation to determine eligibility for Part B services (even if no new assessments are being conducted).
- The initial evaluation is **comprehensive** and consists of procedures to determine whether the child has a disability according to the established Idaho eligibility criteria; the child's condition adversely affects academic performance; and whether the student needs special education and related services.
- Eligibility for Part B services can be determined at a transition meeting or at an eligibility/IEP meeting, if sufficient information is available and if required team members participate.
- Assessment data is reviewed with the parent, **eligibility is determined** and parents are given a copy of the **Eligibility Report** (Form 380).
- According to Idaho Code, the **timeline** between receiving written consent for initial assessment and determining eligibility cannot exceed 60 calendar days, excluding periods when regular school is not in session for five or more consecutive school days. LEA's then have 30 days to complete and implement the IEP, also excluding periods when regular school is not in session for five or more consecutive school days.
- **Early Childhood Outcome** entry data is reported accurately and in a timely manner. Infant Toddler Program exit outcome data can be used for Part B entry outcome data, if available and accurately reflects the child's current performance ITP and Part B should coordinate the collection and sharing of outcome data in a timely manner to minimize duplication of efforts. If the child has participated in Early intervention for at least 6 months, ITP should provide the LEA

Section II, A. State Policies, Procedures, Methods, and Descriptions

a copy of the completed Child Outcome Summary Form as soon as possible and no later than 30 days after the child turns three. (Please note: This process could also be reversed so Part B intake evaluations and ECO scores are used by Infant Toddler Program to inform ITP exit ECO scores).

G. IEP Development

The LEA is responsible for developing an Individualized Education Plan (IEP) for all children who received services under Part C and have been determined eligible under Part B prior to the child's 3rd birthday.

- The IEP may be developed at a transition planning meeting (if all required IEP members are in attendance and procedural safeguards requirements have been met) or at another meeting prior to the child's third birthday. The meeting to develop the IEP shall be held at least within 30 days of a determination that the student is eligible and needs special education and related services.
- The **IEP team** must include at least the parent, district administrator, special education teacher or service provider responsible for implementing the IEP, general education teacher, individual who can interpret implications of evaluation results and other individuals who have knowledge or special expertise regarding the child. A Part C representative will also be a member of the initial IEP team, if requested by the parent.
- Parents shall be informed of their right to invite ITP representatives to the initial IEP meeting.
- The IEP team, including the parent, will **develop an IEP or accept the IFSP**, which includes the IEP components. If the district and parent agree to use an IFSP, the district shall provide the parent with a detailed explanation of the differences between an IFSP and an IEP and obtain written consent. If the IFSP will serve as the initial IEP, the additional IEP components that must be included are transportation, statewide testing, ESY, LRE, annual goals, special considerations, etc.
- The IEP/IFSP team, including the parent, will review all service and placement options after annual goals are selected. Placement discussion should be centered on the **least restrictive environment** in which the goals can be addressed with supports and accommodations. The LEA, considering information from the ITP, must also **determine the need for Extended School Year Services (ESY)**. The Local Interagency Protocol will define the process between agencies to share data needed to determine ESY eligibility. For more details, see Section G, *IEP Development*.
- The LEA shall obtain **parental Consent for Initial Placement** in Part B services.

H. Provision of Services

The school district must determine eligibility, have the IEP developed, and have services implemented according to the start date on the IEP (or IFSP if the parent agrees to adopt the IFSP) by the child's third birthday to ensure that the child does not lose services as a result of the transition.

- When a child who is eligible for Part B turns three between September and May, the child will transition into the local school districts Part B program at age three.

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- If the child's third birthday occurs during the summer, the IEP team must consider the date when the services under the IEP will begin. The IEP team determines if ESY services are required and if no ESY services are needed, the date of initiation of services may be at the beginning of the school year and the IEP is considered "implemented" by the child's third birthday.

Attachment:

Interagency Agreement (see Page III-54)

Idaho Code, Title 16, Chapter I (see Page III-9)

Section II, A. State Policies, Procedures, Methods, and Descriptions

A-14. PUBLIC PARTICIPATION

Notice of availability of state plan on educational assistance provisions for infants and toddlers with disabilities and notice of hearings concerning development of a statewide system of early intervention is published throughout the state for at least a 60 day period, with an opportunity for comments on the application or policy for at least 30 days prior to the hearing(s). Before adopting a new or significantly revised policy that is not in the current application, public hearings are held to give an opportunity for comment to the general public, including individuals with disabilities and parents of infants and toddlers with disabilities. Notice is published in major newspapers including in Boise, Coeur d'Alene, and Idaho Falls. The notice of the availability of the state plan is distributed to stakeholder groups statewide. The plan is posted on the Infant Toddler Program website and is available in hard copy by request.

Comments submitted during the public comment period are reviewed and incorporated into the state plan as deemed necessary and appropriate. The content of comments is considered by lead agency staff and the Early Childhood Coordinating Council and changes are reflected in the overall plan. If clarification is required, commenter's are contacted to assure that the intent is understood.

Attachments:

Public Hearing Notices

B. Assurances and Optional Assurance

The State makes the following assurances and provisions as required by Part C of the Individuals with Disabilities Education Act. (20 U.S.C. 1431 et.seq.)

Check and enter date(s) as applicable		Assurances (20 U.S.C. 1434;1435; and 1437(b))
Yes (Assurance is hereby provided.)	No (Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)	
X		1. As applicable, the assurance found in OMB Standard Form 424(B) (Assurances for Non-Construction Programs), relating to legal authority to apply for assistance; access to records; conflict of interest; merit systems; nondiscrimination; Hatch Act provisions; labor standards; flood insurance; environmental standards; wild and scenic river systems; historic preservation; protection of human subjects; animal welfare; lead-based paint; Single Audit Act; and general agreement to comply with all Federal laws, executive orders and regulations is in place.
X		2. The State has adopted a policy that appropriate early intervention services are available to all infants and toddlers with disabilities in the State and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State, infants and toddlers with disabilities who are homeless children and their families, and infants and toddlers with disabilities who are wards of the State; and has in effect a statewide comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services, for infants and toddlers with disabilities and their families, that meet the requirements of 20 U.S.C 1401, and 1431 through 1443. <i>See the Optional Technical Assistance Checklist for the full provisions of 1401 and 1432.</i>
X		3. The State has in effect a policy that ensures that appropriate early intervention services based on scientifically based research, to the extent practicable, are available to all infants and toddlers with disabilities and their families, including Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State and infants and toddlers with disabilities who are homeless children and their families in accordance with 20 U.S.C. 1435(a)(2).
X		4. The State has in effect a timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler with a disability in the State, and a family-directed identification of the needs of each family of such an infant or toddler, to assist appropriately in the

Check and enter date(s) as applicable		Assurances (20 U.S.C. 1434;1435; and 1437(b))
Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i>	
		development of the infant or toddler in accordance with 20 U.S.C. 1435(a)(3).
X		5. For each infant or toddler with a disability in the State, the State has an individualized family service plan in accordance with 20 U.S.C. 1436, including service coordination services in accordance with such service plan. (20 U.S.C. 1435(a)(4)) <i>See Optional Technical Assistance Checklist for the full provisions of 20 U.S.C. 1436.</i>
X		6. The State has a comprehensive child find system, consistent with Part B, including a system for making referrals to service providers that includes timelines and provides for participation by primary referral sources and that ensures rigorous standards for appropriately identifying infants and toddlers with disabilities for services under this part that will reduce the need for future services. (20 U.S.C. 1435(a)(5))
X		7. The State has a public awareness program focusing on early identification of infants and toddlers with disabilities, including the preparation and dissemination by the lead agency designated or established under 20 U.S.C. 1435(a)(10) to all primary referral sources, especially hospitals and physicians, of information to be given to parents, especially to inform parents with premature infants, or infants with other physical risk factors associated with learning or developmental complications, on the availability of early intervention services under Part C and of services under 20 U.S.C. 1419, and procedures for assisting such sources in disseminating such information to parents of infants and toddlers with disabilities. (20 U.S.C. 1435(a)(6))
X		8. The State has a central directory that includes information on early intervention services, resources, and experts available in the State and research and demonstration projects being conducted in the State. (20 U.S.C. 1435(a)(7))
X		9. The State has a comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services available in the State that (A) includes--

Check and enter date(s) as applicable		Assurances (20 U.S.C. 1434;1435; and 1437(b))
Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i>	
		<ul style="list-style-type: none"> (i) implementing innovative strategies and activities for the recruitment and retention of early education service providers; (ii) promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services under this part; and (iii) training personnel to coordinate transition services for infants and toddlers served under this part from a program providing early intervention services under this part and under Part B (other than 20 U.S.C. 1419), to a preschool program receiving funds under 20 U.S.C. 1419, or another appropriate program; and <p>(B) may include--</p> <ul style="list-style-type: none"> (i) training personnel to work in rural and inner-city areas; and (ii) training personnel in the emotional and social development of young children. <p>(20 U.S.C. 1435(a)(8)(A) and (B))</p>
X		<p>10. The State has policies and procedures relating to the establishment and maintenance of qualifications to ensure that personnel necessary to carry out this part are appropriately and adequately prepared and trained, including the establishment and maintenance of qualifications that are consistent with any State-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which such personnel are providing early intervention services, except that nothing in this part (including this paragraph) shall be construed to prohibit the use of paraprofessionals and assistants who are appropriately trained and supervised in accordance with State law, regulation, or written policy, to assist in the provision of early intervention services under this part to infants and toddlers with disabilities. (20 U.S.C. 1432 and 1435(a)(9))</p>
X		<p>11. The State has a single line of responsibility in a lead agency designated or established by the Governor for carrying out -</p> <p>(A) the general administration and supervision of programs and activities receiving assistance under 20 U.S.C. 1433, and the monitoring of programs and activities used by the State to carry out this part, whether or not such programs or activities are</p>

Check and enter date(s) as applicable		Assurances (20 U.S.C. 1434;1435; and 1437(b))
Yes (Assurance is hereby provided.)	No (Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)	
		<p>receiving assistance made available under 20 U.S.C. 1433, to ensure that the State complies with Part C;</p> <p>(B) the identification and coordination of all available resources within the State from Federal, State, local, and private sources;</p> <p>(C) the assignment of financial responsibility in accordance with 20 U.S.C. 1437(a)(2) to the appropriate agencies;</p> <p>(D) the development of procedures to ensure that services are provided to infants and toddlers with disabilities and their families under this part in a timely manner pending the resolution of any disputes among public agencies or service providers;</p> <p>(E) the resolution of intra- and interagency disputes; and</p> <p>(F) the entry into formal interagency agreements that define the financial responsibility of each agency for paying for early intervention services (consistent with State law) and procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination. <i>See Optional Technical Assistance Checklist for the full provisions of 20 U.S.C. 1440.</i></p> <p>(20 U.S.C. 1435(a)(10)(A)-(F) and 1440)</p>
X		<p>12. The State has a policy pertaining to the contracting or making of other arrangements with service providers to provide early intervention services in the State, consistent with the provisions of Part C, including the contents of the application used and the conditions of the contract or other arrangements. (20 U.S.C. 1435(a)(11))</p>
X		<p>13. The State has a procedure for securing timely reimbursements of funds used under this part in accordance with 20 U.S.C. 1440(a). <i>See Optional Technical Assistance Checklist for the full provisions of 20 U.S.C. 1440.</i> (20 U.S.C. 1435(a)(12) and 1440)</p>
X		<p>14. The State has procedural safeguards with respect to programs under this part, as required by 20 U.S.C. 1439. (20 U.S.C. 1435(a)(13)) <i>See Optional Technical Assistance Checklist for applicable provisions of 20 U.S.C. 1415 and 1439.</i></p>
X		<p>15. The State has a system for compiling data requested by the Secretary under IDEA section 618 that relates to Part C. (20 U.S.C. 1418,</p>

Check and enter date(s) as applicable		Assurances (20 U.S.C. 1434;1435; and 1437(b))
Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i>	
		1435(a)(14) and 1442)
X		16. The State has a State interagency coordinating council that meets the requirements of 20 U.S.C. 1441. (20 U.S.C. 1435(a)(15)) <i>See Optional Technical Assistance Checklist for the full provisions of 20 U.S.C. 1441.</i>
X*		17. The State has policies and procedures to ensure that, consistent with 20 U.S.C 1436(d)(5): A) to the maximum extent appropriate, early intervention services are provided in natural environments; and B) the provision of early intervention services for any infant or toddler with a disability occurs in a setting other than a natural environment that is most appropriate, as determined by the parent and the individualized family service plan team, only when early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment. (20 U.S.C. 1435(a)(16)) * See Section II, B-5.
X		18. The State ensures that Federal funds made available under 20 U.S.C. 1443 will be expended in accordance with Part C. (20 U.S.C. 1437(b)(1) and 1438)
X		19. The State ensures that it has methods in place to comply with the requirements of 20 U.S.C. 1440. (20 U.S.C. 1437(b)(2)) <i>State's response should be consistent with Certification #3 below.</i>
X		20. The State ensures that the control of funds provided under 20 U.S.C. 1443, and title to property derived from those funds, will be in a public agency for the uses and purposes provided in this part and that a public agency will administer such funds and property. (20 U.S.C. 1437(b)(3))
X		21. The State ensures that provisions shall be made for-- (A) making such reports in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this part; and (B) keeping such reports and affording such access to the reports as the Secretary may find necessary to ensure the correctness and verification of those reports and proper disbursement of Federal funds under this part. (20 U.S.C. 1437(b)(4))

Check and enter date(s) as applicable		Assurances (20 U.S.C. 1434;1435; and 1437(b))
Yes (Assurance is hereby provided.)	No (Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)	
X		22. The State ensures that the Federal funds made available under 20 U.S.C. 1443 to the State-- (A) will not be commingled with State funds; and (B) will be used so as to supplement the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds. (20 U.S.C. 1437(b)(5))
X		23. The State ensures that fiscal control and fund accounting procedures will be adopted as may be necessary to ensure proper disbursement of, and accounting for, Federal funds paid under 20 U.S.C. 1443 to the State. (20 U.S.C. 1437(b)(6))
X*		24. The State ensures that policies and procedures have been adopted to ensure meaningful involvement of underserved groups, including minority, low-income, homeless, and rural families and children with disabilities who are wards of the State, in the planning and implementation of all the requirements of Part C. (20 U.S.C. 1437(b)(7)) j*See Section II, B-6.
X		25. The State assures that it shall provide other information and assurances as the Secretary may reasonably require by regulation. (20 U.S.C. 1437(b)(8)).
		Optional Assurance
X*		<p><i>Enter 'NA' in the cells to the left if this assurance is not applicable.</i></p> <p>26. The State has adopted a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to infants and toddlers with disabilities, including, in a geographic area of the State where there is a shortage of such personnel, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in 20 U.S.C. 1435(a)(9). (20 U.S.C. 1435(b)) *See Section II, B-10</p>

Section II, B. Assurances and Optional Assurances

Section III, B. Assurances

B-2. POLICY ON STATEWIDE SYSTEM

Assurances

The Department of Health and Welfare, as lead agency, assures that Idaho's Early Intervention System provides early intervention to all eligible children. This is supported by the following:

- Idaho Code, Title 16, Chapter 1;
- Idaho Infant Toddler Program Implementation Manual;
- Contracts with Providers of Early Intervention Services;

Interagency Agreements with State Department of Education and Idaho Educational Services for the Deaf and the Blind

Section II, B. Assurances and Optional Assurances

B-3. POLICY TO ASSURE EARLY INTERVENTION SERVICES FOR ALL INFANTS AND TODDLERS WITH DISABILITIES AND THEIR FAMILIES

Assurances

Idaho Code, Title 16, Chapter 1 assures that an appropriate statewide system of early intervention services based on scientifically based research, to the extent practicable, are available to all eligible infants and toddlers and their families, including Indian infants and toddlers with disabilities and their families living on reservations geographically located in their state and infants and toddlers with disabilities who are homeless children and their families in accordance with 20 U.S.C. 1435(a)(2).

Attachment:

Idaho Code, Title 16, Chapter 1

Section II, B. Assurances and Optional Assurances

B-4. EVALUATION AND ASSESSMENT

Assurances

Idaho Code, Title 16, Chapter 1 assures that each referred child, birth through age two, receives a timely, comprehensive, multidisciplinary evaluation and a family-directed identification of the needs of each child=s family to appropriately assist in the development of the child.

Procedures

B. Pre-Referral and Referral

There are many public and private sources in the community that make referrals to the Infant Toddler Program. Examples of primary referral sources may include, but are not limited to the following:

- Hospitals, including prenatal and postnatal care facilities;
- Physicians;
- Child care programs;
- Parents;
- Friends or family;
- Child Find program;
- Public health facilities;
- Other social service agencies; and
- Other health care providers.

The Program may receive referrals without a family being aware or notified of the referral. In this instance, families are unaware of the referral and may not be interested or ready to receive early intervention services.

A Pre-Referral is defined as the date a referral is received **until the initial contact with a family**. The following processes should be completed when a Pre-Referral is received:

1. A minimum of three attempts, one of which must be in writing, to contact the family and to identify their interest in the Infant Toddler Program. Other contact attempts may be by phone, in person, electronic mail.
2. The Interim Service Coordinator or clerical staff has 14 days from the receipt of the Pre-Referral to locate/contact the family. The 14 day timeline must be manually tracked on a regional basis.
3. The Pre-Referral should be closed if the Interim Service Coordinator or clerical staff does not receive a response from the family within 14 days of the Pre-Referral.
4. Notification of the closure should be provided to the family when possible. As part of the notification, information should be included on how to contact the Program should they be interested in pursuing services in the future.

Section II, B. Assurances and Optional Assurances

Referral

Referral is defined as the point when initial contact is made with a family and they confirm they are interested in participating in early intervention evaluation and assessment activities.

Unique Considerations

Some referrals require unique considerations and need to be handled alternatively. The unique considerations include:

- Children who are referred and a family has confirmed interest, however the child is hospitalized in the NICU or nursery. In this instance, the Referral Date will be the date of discharge or when we first become aware or notified of the discharge.
- A screening will be completed for children referred from CFS referrals when no identified or known concerns exist. If the screening warrants a referral for evaluation, the Referral Date will be the date of the screening.

B. Evaluation of the Child

Evaluations are conducted by qualified personnel, based on informed clinical opinion, and include pertinent records and information regarding the child's current level of function in each developmental area. With consent of the parent, this includes assessment activities relating to the child and the child's family. In accordance with the Comprehensive Child Find System the lead agency assures that within 45 days of receipt of referral public agencies will complete evaluation and assessment activity and hold an IFSP meeting.

1. Family involvement is an integral part of the evaluation and assessment process. Information provided by family members is critically important both for designing appropriate intervention strategies and for comprehensive evaluation.
 - a. The early intervention system includes the performance of a timely, comprehensive, multidisciplinary evaluation of each child from birth through age two, referred for evaluation.
 - b. The lead agency (Department of Health and Welfare) is responsible for ensuring that the requirements of this section are implemented by all affected public agencies and service providers in the state.
 - c. The lead agency ensures an IFSP is in effect and implemented for each eligible child and the child's family.
2. The evaluation of each child is:
 - a. performed by multidisciplinary team members whose training qualifies them to assess children in the developmental area of concern, utilizing appropriate methods and procedures;

Section II, B. Assurances and Optional Assurances

- b. based on informed clinical opinion and feedback from the family, including the following:
 - (1) a review of pertinent records related to the child's current health status and medical history;
 - (2) an evaluation of the child's level of functioning, as needed, in each of the following developmental areas: cognitive development; physical development including hearing, vision and motor; communication development; social or emotional development; adaptive development.
3. Early intervention services may begin prior to completion of the initial evaluation and assessment. However, this does not relieve the agency from completing or obtaining the initial evaluation and assessment within the forty-five (45) day time period. In this instance, the Service Coordinator establishes an interim IFSP. The Service Coordinator performs the following to establish an interim IFSP:
 1. Meets with the family, identifies needed services, and completes the interim IFSP.
 2. Obtains parent(s) consent prior to carrying out the services in the interim IFSP.
 3. Assures the interim IFSP contains the name of the Service Coordinator responsible for the implementation of the IFSP and the services that are determined to be immediately required.
 4. Assures evaluation and assessment are completed within the 45-day time period.

In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g., if a child is ill), the lead agency will:

1. Document the reason the program is unable to comply; and
2. Develop and implement an interim IFSP as appropriate and consistent with pertinent regulations.

C. Assessment of the Child

Assessment means ongoing procedures used by appropriate qualified personnel throughout the period of a child's eligibility under this part to identify:

1. the unique strengths and needs of the child in terms of each of the developmental areas;
2. identification of early intervention services appropriate to meet those needs;
3. the family's information regarding the child, including the resources priorities and concerns of the family and supports or services necessary to enhance the family's capacity to meet the developmental needs of the child.

D. Family Assessment

The formal identification of family resources, priorities, and concerns follows the determination of the child's eligibility.

Section II, B. Assurances and Optional Assurances

1. Family assessment is voluntary on the part of the family.
2. Family assessment under Part C is family directed and is designed to determine the resources, priorities, and concerns of the family related to enhancing the development of the child.
3. If the family agrees to an assessment, the assessment will:
 - a. be conducted by professionals trained to utilize appropriate methods and procedures;
 - b. be based on information provided by the family through a personal interview; and
 - c. incorporate the family's description of its resources, priorities, and concerns related to enhancing the child's development as the initial step in developing the IFSP.

E. Nondiscriminatory Procedures

The lead agency assures nondiscriminatory evaluation and assessment procedures. The lead agencies assure that public agencies responsible for the evaluation and assessment of children and families under the law shall ensure at a minimum that:

1. Tests and other evaluation materials and procedures are administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so.
 - a. Health and Welfare, the designated child-find agency, and participating Part C providers maintain a registry of interpreters and service providers available to assist individuals who are non-English speaking, have hearing impairments, or have a developmental disability.
 - (1) Assistance in the completion of the application process is provided.
 - (2) Assistance with evaluations and assessments is available as needed.
2. Any assessment or evaluation procedure and material used is selected and administered so not to be racially or culturally discriminatory.

Health and Welfare is responsible for monitoring of assessments and evaluation procedures and ensures that materials are administered in the child's native language by qualified personnel to assure that instruments and procedures are valid, reliable, and racially or culturally nondiscriminatory.
3. No single procedure is used as the sole criterion for determining a child's eligibility.
4. Evaluations and assessments are conducted by qualified personnel.
5. Representatives of the Early Childhood Coordinating Council and consultants to the lead agency will assist with facilitating activities which are culturally sensitive.

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B-5. INDIVIDUALIZED FAMILY SERVICE PLANS

Assurances

Idaho Code, Title 16, Chapter 1 assures the development and implementation of an IFSP for each eligible child and family who chooses to participate in the program. Services of a service coordinator are available to each eligible child and family. The IFSP is done in compliance with state definitions of evaluation and assessment, in a timely manner, and consistent with state and federal requirements. The development of the IFSP includes the parent or parents, other family members and advocates as requested by parents, the service coordinator, persons directly involved in conducting evaluations and assessments, and as appropriate, the persons who will be providing the services to the eligible child or family.

Further, the Department of Health and Welfare assures policies and procedures are in place that ensure, to the maximum extent appropriate, early intervention services are provided in natural environments and the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

Procedures

A. The Individualized Family Service Plan or "IFSP" is a written plan for providing early intervention services to each child eligible for services and for the child's family. The plan must:

- be developed jointly by the family (to the extent they wish to be involved) and appropriately qualified persons involved in the provision of early intervention services;
- be based on the multidisciplinary evaluation and assessment of the child and information provided by the family or family assessment if the family wants to have such information included; and
- include services necessary to enhance the development of the child and the capacity of the family to meet the special needs of the child.

1. For a child who has been evaluated for the first time and determined to be eligible, a meeting to develop the initial IFSP is conducted within forty-five (45) days from the date the agency received the referral.
2. Early intervention services may begin prior to completion of the initial evaluation and assessment. However, this does not relieve the agency from completing or obtaining the initial evaluation and assessment within the forty-five (45) day time period. In this case the early intervention services may begin if the following conditions are met:
 - a. parental consent is obtained;
 - b. an interim IFSP is written that includes
 - (1) the name of the service coordinator responsible for implementation of the interim IFSP and coordination with other agencies and persons,
 - (2) a specific description of the early intervention services that have been determined to be needed immediately by the child and the child's family;
 - c. the evaluation and assessment are completed within the 45-day time period. In the event of exceptional circumstances that make it impossible to complete the evaluation and assessment within 45 days (e.g., if a child is ill), the lead agency will:
 1. Document the reason the program is unable to comply; and

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2. Develop and implement an interim IFSP as appropriate and consistent with pertinent regulations.

3. If a dispute between agencies exists regarding the development or implementation responsibility for Individualized Family Service Plans, the lead agency resolves the dispute or assigns responsibility according to the timely dispute resolution procedures.

B. Periodic Review

1. A review of the IFSP for a child and the child's family is conducted every six months, or more frequently if needed, or at any time the family requests such a review. The purpose of the review is to determine:
 - a. the degree to which progress toward achieving outcomes is being made,
 - b. whether modification or revision of outcomes is necessary.
2. The review may be carried out by a meeting or by another means that is acceptable to the parents and other participants. This may include:
 - a. participating in a telephone or video conference;
 - b. having a knowledgeable authorized representative attend the meeting, and
 - c. making pertinent records available at the meeting.

C. Annual Meeting to Evaluate the IFSP

A meeting is held at least annually to evaluate the IFSP for a child and the child's family, and revise its provisions. The results of any current evaluations and other information available from the ongoing assessment of the child and information provided by the family are used to determine what services are needed and will be provided.

D. Accessibility and Convenience of Meetings

IFSP meetings are conducted:

1. in settings and times that are convenient to families,
2. in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so,
3. meeting arrangements are made with, and written notice provided to, the family and other participants, early enough before the meeting date to ensure that they will be able to attend.

E. Parental Consent

The contents of the IFSP must be fully explained to the parents and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention services for which parental consent is obtained are provided.

F. Participants in IFSP Meetings and Periodic Reviews

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1. Initial and annual IFSP Meetings. Each initial and annual meeting to develop the IFSP must include participants to represent the following roles:
 - a. the parent or parents of the child,
 - b. other family members, as requested by the parents, if feasible to do so,
 - c. an advocate or person outside the family, if the family requests that the person participate,
 - d. the service coordinator that has been working with the family since the initial referral of the child for evaluation, or that has been designated by the public agency to be responsible for implementation of the IFSP,
 - e. a person or persons directly involved in conducting the evaluations and assessments,
 - f. (1) as appropriate, persons who provide services to the child or family.
(2) if the person(s) involved in conducting the evaluation and assessment is(are) unable to attend the IFSP meeting, arrangements are made (i.e., telephone or video conference, an authorized representative to attend meeting, or pertinent records made available at meeting).
2. Periodic Review. Each periodic review provides for the participation of the same persons (at a minimum, parent, service coordinator, and other persons involved), including other family members or advocates as requested by the family, if possible, who attend initial IFSP meetings. If conditions warrant, provisions are made for the participation of other representatives (e.g. participating in a telephone or video conference, having a knowledgeable authorized representative attend the meeting, or making pertinent records available at the meeting).
3. Transition. At least six (6) months prior to age-completion (age 3) of the early intervention plan (IFSP), parents are informed orally and in writing of their rights to the Part B preschool and school age children mandated special education services to ensure the parents' timely access to services. Parents are also informed orally and in writing of transition planning for their child to access Part B services and other relevant services that may be available. Procedures for transition from the Infant Toddler Program to special education services follow the operating procedures as described in the Idaho Infant Toddler Program Interagency Agreement with the Idaho State Department of Education.

G. Content of IFSP

An Individualized Family Service Plan is developed for each eligible child and family who chooses to participate in the program. The contents of the IFSP shall be fully explained to parents. An IFSP includes:

1. Information about the infant's or toddler's status. A statement of the infant's or toddler's present levels of physical development (including vision, hearing, motor, and health status), cognitive development, communication development, social or emotional development, and adaptive development.

This statement is based on professionally acceptable objective criteria.

2. Individual Child Information includes:
 - a. child's legal name,
 - b. child's date of birth,

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c. parents' name, address, and phone number,

3. Family information. With the family's concurrence, the IFSP will address the family's resources, priorities, and concerns related to enhancing the development of the family's infant or toddler with a disability.
4. Outcomes. The IFSP includes a statement of the major outcomes expected to be achieved for the infant or toddler and the family, and the criteria, procedures, and time lines, used to determine:
 1. the degree to which progress toward achieving the outcomes is being made;
 2. whether modifications or revisions of the outcomes or services are necessary.
5. Early intervention services. The IFSP includes a statement of the specific early intervention services necessary to meet the unique needs of the infant or toddler and the family to achieve the outcomes identified in the IFSP, including the frequency, intensity, and method of delivering the services, and payment source for each service.
6. Natural environments. The IFSP contains a statement of the natural environments in which early intervention services shall appropriately be provided, including a justification of the extent, if any, to which the services will not be provided in a natural environment.

Service coordinators and multi-disciplinary teams explore with the family of every eligible where the child would spend his day if not in need of early intervention services and where the child would best learn particular skills. This process is used to identify the natural environment for each child. This is documented on the Individualized Family Service Plan.

As expected outcomes are identified by the team and services to support achievement of these outcomes are incorporated into the IFSP, the team determines how the services can be delivered in the natural settings for the child. If any service cannot, for any reason, be provided in the child's natural environment, the team discusses why the service cannot be achieved satisfactorily for the child in a natural environment and records on the IFSP the reason why not.

The Department of Health and Welfare provides training to providers and families on the definition and concept of natural learning practices through individual provider and parent technical assistance, training sessions on the IFSP process, and by supporting and promoting conference sessions/presenters. These activities address the topic of providing routine based services in the child's natural environment: the team planning process, community development, diverse roles of therapists, and accessing community opportunities for all children.

Administrative supports for staff and contractors to promote the delivery of services in non-traditional settings include providing flexible hours of employment options, providing cell phones, and compensating contractors for travel and time costs.

The lead agency employs contracting procedures to access individual contractors in rural communities in an effort to match available services with children and families in need of those services. Contracts and interagency agreements address the requirements of providing early intervention services in natural environments.

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7. Other services - IFSP. To the extent appropriate, the IFSP may include medical and other services the child needs, but that are not required under IDEA, Part C, and the funding sources to be used in paying for those services or the steps to be taken to secure those services through public or private resources.
8. Dates for implementation of services. The IFSP includes the projected dates for initiation of the services as soon as possible after the IFSP meeting and the anticipated duration of those services.
9. Service coordination. Service coordination is available to each eligible infant or toddler and the infant's or toddler's family.
 - a. The IFSP includes the name of the service coordinator from the profession, including service coordination, most immediately relevant to the infant's or toddler's or family's needs (or who is otherwise qualified to carry out all applicable responsibilities), who will be responsible for the implementation of the IFSP and coordination with other agencies and persons.
 - b. In meeting the requirements for a service coordinator:
 - (1) The same service coordinator may be selected to be responsible for implementing a child's and family's IFSP who was appointed at the time the child was initially referred for evaluation.
 - (2) A new service coordinator may be selected.
10. Transition. Transition outcomes are incorporated into the IFSP as appropriate for each family. The steps to support the transition of the toddler with a disability to preschool or other appropriate community services are outlined in the IFSP.

Transition planning is an ongoing interagency process that provides options, information, support and linkage to new situations and services. Transitions are the many changes that take place for children and families and may include hospital to home, home to a program or service, program to program, or service to service. Planning for transitions during these times is based on the individual needs of the family.

- a. The lead agency will notify the local education agency (LEA) from the area in which the child resides that the child will shortly reach the age of eligibility for preschool services under Part B as determined in accordance with state law. See the Transition section, Section II, A-4, 5, 6 for detailed procedures for transitions from Part C to Part B.
- b. For children eligible for participation in early childhood special education services under Part B of IDEA, the procedures to ensure smooth transitions are addressed in the interagency agreement between the Department of Health and Welfare and the Idaho Department of Education. See the Transition section, Section II, A-4, 5, 6 for procedures.
- c. For children who may not be eligible for preschool services under Part B, with the approval of the family, the service coordinator makes reasonable efforts to convene a conference among

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the lead agency, the family, and providers of other appropriate services for children who are not eligible for preschool services under Part B, to discuss the services the child may receive.

Attachments

Individualized Family Service Plan form

Interagency Agreement between DHW, Infant Toddler Program and State Department of Education

Joint Policy on Transition

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B-6. COMPREHENSIVE CHILD FIND SYSTEM

Assurances

Idaho Code, Title 16, Chapter 1 assures that the lead agency is responsible for coordinating a comprehensive child find system consistent with Part B of Individuals with Disabilities Education Act (IDEA.)

The system consists of a coordinating statewide effort to actively identify, locate and evaluate infants and toddlers with developmental and special health care needs.

This system is accessible through multiple referral sources to a single point of entry. Emphasis is placed on the earliest possible identification of risk factors for developmental delays. The system is coordinated with Part B of IDEA child find efforts and other providers of early intervention services to facilitate a system of referral for timely multidisciplinary evaluations. Children identified and referred for evaluation are tracked to identify those children receiving needed early intervention services and those children not receiving those services.

Procedures

A. Coordination

The child find system is coordinated with all major child find efforts of other state agencies including:

1. Part B of under the State Department of Education;
2. Maternal and Child Health programs under Title V of the Social Security Act;
3. Medicaid's Early Periodic Screening, Diagnosis and Treatment program under Title XIX of the Social Security Act;
4. State Program for Developmental Disabilities;
5. Idaho Child Care Program;
6. Head Start;
7. Idaho Educational Services for the Deaf and the Blind;
8. Supplemental Security Income Program under Title XVI of the Social Security Act;
9. Tribes and tribal organizations that receive money under Part C; and
10. Other tribes and tribal organizations as appropriate.

The lead agency, with the advice and assistance of the Infant Toddler Interagency Coordinating Council utilizes the development and maintenance of a state interagency agreement to ensure that unnecessary duplication of effort by involved agencies does not exist and that Idaho uses resources available through each public agency.

B. Primary Referral Sources

Primary referral sources include, but are not limited to:

1. hospitals;
2. private clinics and physicians;
3. District Health Departments;
4. Developmental Disability Program;
5. parents, and parent support groups;

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6. Head Start;
7. private therapists;
8. public schools;
9. Family and Children's Services;
10. child care programs;
11. EPSDT and other public and private screening programs;
12. migrant, Indian and community health clinics; and
13. Women, Infants and Children's Program
14. Children and Family Services
15. Other.

Primary referral sources have a responsibility to initiate a referral to the Infant Toddler Program within two (2) working days of identifying a child. (CFR34, Section 303.321(d)(2)ii)

Child Find receives referrals on children at-risk for Developmental Delays or related problems from the community, coordinates the initial steps of identification and referral of the child and family, and helps assure timely and accurate assistance to obtain appropriate services.

After a referral is received, the Developmental Milestones Coordinator or the regional Child Find Coordinator assists the family in accessing the needed service (i.e., monitoring, screening, or referral for a multidisciplinary evaluation).

C. Implementation of a Statewide Child-find System

The Regional Child Find Coordinator is responsible to perform the following tasks:

- Provides outreach and information to primary referral sources about the Infant Toddler Program and how to access it.
- Distributes the Idaho Infant Toddler Program Developmental Milestones brochure and Infant Toddler Program materials to primary referral sources and provides information about how to make a referral.

Program brochures and materials can be found at various establishments throughout the community (e.g., doctor's office, child care centers, Health Districts, hospitals, Early Head Start programs, etc.).
- Assures contacts with the family to provide information about the Infant Toddler Program and establish a working relationship with them. A phone call to the parent/guardian is acceptable.
- Collaborates with the family to decide where to enter the child in the Infant Toddler Program (i.e., monitoring, screening, or referral for multidisciplinary evaluation) consulting the Early Intervention Specialist, as needed.

When a referral is received from a referral source, the Child Find Coordinator:

- Refers a child for a multidisciplinary evaluation within two working days of receipt of the referral or after identification of a child that indicates such a need.
- Notifies the regional Early Intervention Specialist of the referral.

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- Ensures that information about the Infant Toddler Program using Program Brochures is provided to the parent/guardian when making a referral for a multidisciplinary evaluation.
- Provides the option to the parent/guardian to enroll child who doesn't need an evaluation in developmental monitoring, known as Developmental Milestones.

The child may be exited from the system if, after three (3) documented attempts (at least one written) to contact the parent/caregiver, the parent/guardian cannot be located to confirm their interest in the program or fails to respond to documented attempts.

The Developmental Milestones Coordinator is responsible to perform the following tasks:

- Provides outreach and information to primary referral sources about the Infant Toddler Program and how to access it.
- Distributes the Idaho Infant Toddler Program Developmental Milestones brochure and Infant Toddler Program materials to primary referral sources and provides information about how to make a referral.
- Contacts parent/guardian to provide information about Developmental Milestones and the Idaho Infant Toddler Program and establishes a working relationship with family. A phone call to the parent/guardian is acceptable.
- Collaborates with the family to decide where to enter the child in the Infant Toddler Program (i.e., developmental monitoring, screening, or referral for multidisciplinary evaluation) consulting with regional Early Intervention Specialists, as needed.
- Provides parent/guardians access, both by mail and online, to developmental screening opportunities (i.e., ASQ-3, ASQ-SE and M-CHAT questionnaires).
- Contacts parent/guardians with results of developmental screenings by mail, email or phone. Provides developmental enrichment activities and/or referral to regional Early Intervention Specialists, when appropriate.
- Provides results of developmental screenings, with parent consent, to the primary medical provider.

When a referral is received from a referral source, the Developmental Milestones Coordinator:

- Determines with the family whether current developmental concerns exist that warrant referral for evaluation.
- Refers child for a multidisciplinary evaluation within two working days of receipt of the referral or after identification of a child that indicates such a need.
- Notifies the regional Early Intervention Specialist of the referral.
- Ensures that information about the Infant Toddler Program using Program Brochures is provided to the parent/guardian when making a referral for a multidisciplinary evaluation.

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- Encourages and assists parent/guardians to enroll child in developmental monitoring, known as Developmental Milestones, upon exit or parent/guardian withdrawal of child from Infant Toddler direct services (IFSP).

D. Monitoring At Risk Infants and Toddlers

Children with the conditions discussed in the following subsections should be referred to Developmental Milestones for developmental monitoring. Some of these children may be found eligible for direct services by a multidisciplinary team through the use of Informed Clinical Opinion.

Medical/Biological Risk

Due to a higher risk of developmental issues, it is important that children with medical/biological risks are referred and tracked for typical development.

These are young children who do not have an identified disability or delay, but who, because of biological circumstances have a higher than normal chance of developmental problems. The following criteria are used to identify a child's medical or biological risk:

- Respiratory Distress Syndrome (documented diagnosis in chart, differentiated from other signs of respiratory distress; must have assisted ventilation and/or Continuous Positive Airway Pressure (CPAP) equal to more than every four hours).
- Symptomatic hypoglycemia low blood sugar of newborn (e.g. jitteriness, seizures, lethargy).
- Neonatal seizures.
- Hypertonia or hypotonia at the newborn discharge examination (tight muscle tone or low muscle tone).
- Intracranial hemorrhage (bleeding within the skull).
- Head circumference equal or less than 5th percentile or equal to or more than 90th percentile for gestational age (excessively large or small for age).
- Birth weight equal to or less than 1800 grams (4 pounds).
- Documented diagnosis of microbial central nervous system infection: bacterial, protozoan, viral, fungal.
- Asphyxia neonatorum with Central Nervous System (CNS) depression or sequelae.
- Intrauterine Growth Retardation (IUGR, less than 5th percentile).
- Hyperbilirubinemia equal to or more than 25mg/dl and or requiring exchange transfusion (yellow or jaundice).
- Neonatal apnea, if significant (repeated episodes, especially if accompanied by low heart rate, breathing stops, or there are long pauses).
- Risk factors for hearing impairments and /or strong family history of hearing impairment.

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- Meconium aspiration (baby inhales fecal material during birth) with associated neonatal depression.
- Suspected visual impairment (e.g. nystagmus, strabismus, myopia, deficit in focus/following).
- Significant maternal/fetal concerns prior to birth:
 - Fetal distress with associated neonatal difficulty.
 - Perinatal infections such as Toxoplasmosis, Other [Syphilis], Rubella, Cytomegalovirus, and Herpes Simplex Virus (TORCH); blood born disease such as hepatitis or AIDS; exposure to teratogenic drugs, chemotherapy, or environmental chemicals.
 - Other factors such as oligohydramnios, polyhydramnios, maternal substance abuse, maternal diabetes, maternal hyperthyroidism, maternal Phenylketonuria (PKU), mother on chemotherapy or exposed to teratogenic drugs or environmental chemicals.
- Acquired medical risk (e.g. meningitis, head injury or neurological insult, chronic disease, failure-to-thrive, accidents, life-threatening episodes, etc.).

Environmental Risk

As with a Medical/Biological risks, it is important that children with environmental risks are referred and tracked for typical development.

These are children who regardless of biological risk, are vulnerable because of environmental conditions. They and their families are identified here not in judgment of the family's life situation, but because intervention services can positively impact the child's development and the family's health.

The following criteria are used to assist in identifying a child's environmental risk:

- Parent-infant attachment risk factors (e.g. decreased responsiveness or reciprocity of infant, parental depression/withdrawal, etc.).
- Parent with significant chronic, physical, or mental health problem or with a developmental disability where supportive or therapeutic services could facilitate parenting.
- Abused and/or neglected child.
- Multi-problem or severely stressful life situation (e.g. parent perception of severe financial problems, drug/alcohol problems in family, incarceration, inadequate support systems to deal with current life challenges, homeless, poor resources, limited parent education, etc.).
- No prenatal care.
- Frequently missed appointments with physician or clinic.
- Maternal age 15 years and under.
- Foster Placement.

E. Screening

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Infant Toddler Program Screenings are conducted by qualified personnel, and can include assessments in all five areas of development:

- Physical (including vision and hearing)
- Cognitive
- Social/Emotional
- Communication
- Adaptive Development

Screenings are conducted in the child's native language, when possible, and should be age appropriate.. The screening is at no cost to the families.

Child Find Coordinator Responsibilities

The Child Find Coordinator in each region performs the following to coordinate screenings:

- Assures an appointment is offered to the parent/guardian for a developmental screening for their child.
- May coordinate the screening through the Early and Periodic Screening Diagnosis and Treatment Program (EPSDT), primary physician, high risk clinics, or other regional screening activities.
- Obtains written consent (permission) from the parent/guardian for screening.
- May conduct the developmental screening or make arrangements with other qualified personnel to conduct the screening.
- With parent consent, enrolls the child in developmental monitoring (Developmental Milestones), if no immediate concerns are identified.
- Refers to an appropriate health care provider or 2-1-1 Idaho CareLine for current immunization schedules.
- Forwards the results of the screening to the child's primary care physician or medical home if the parent/guardian provides a written consent to exchange information.
- Makes a referral for a multidisciplinary evaluation within two working days if concerns are noted in one or more skill areas.

The regional Early Intervention Specialist or Intake Coordinator is notified of the referral.

- Provides information about the multidisciplinary evaluation and the Infant Toddler Program to parent/guardian.

F. Outreach, Public Awareness and Central Directory

Regional Child Find Coordinators are responsible, with assistance from the regional Early Intervention Specialist, to educate primary referral sources and the general public about the Infant Toddler Program,

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Developmental Milestones monitoring and screening, referral procedures, eligibility, and the use of the 2-1-1 Idaho CareLine.

Regional Child Find Coordinator Responsibilities

The Child Find Coordinator performs the following to educate the primary referral sources and provides Outreach, Public Awareness, and general information regarding Infant Toddler Program services available to children in Idaho:

- Distributes Idaho Infant Toddler Developmental Milestones brochure and checklis to primary referral sources and the general public, as requested.
- Maintains accurate and current resource information by submitting routine updates to the 211 Idaho CareLine Coordinator.

The regional Early Intervention Specialist assists with the routine updates, as appropriate.

Routine updates are submitted to the 2-1-1 CareLine Coordinator annually, at a minimum.

- Coordinates with the regional Early Intervention Specialist to carry out recommendations of the Regional Early Childhood Committee (RECC) regarding public awareness activities.

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B-7. PUBLIC AWARENESS PROGRAM

Assurances

Idaho Code, Title 16, Chapter 1 assures that the public awareness program provides information specific to the state's early intervention system, the child find program and the central directory.

Procedures

The State early intervention system's public awareness program is developed to demonstrate:

1. the early intervention procedures as defined by the Department of Health and Welfare and the Early Childhood Coordinating Council; and
2. the availability of the Central Directory.

The public awareness information for an effective program focuses on:

1. typical child development;
2. the importance of prenatal care;
3. Information for parents with premature infants; and
4. the importance and efficacy of early intervention.

The public awareness program which focuses on early identification of children and the availability of early intervention services is developed to:

1. demonstrate that critical decision makers are involved, including but not limited to, the lead agency or designees, the Early Childhood Coordinating Council and parent groups;
2. prepare and disseminate the materials necessary for education of each respective audience:
 - a. physicians and nurses,
 - b. parents, including parents with premature infants, or infants with other physical risk factors associated with learning or developmental complications
 - c. minority groups,
 - d. grandparents and other family members,
 - e. agencies,
 - f. advocates,
 - g. parent groups, and
 - h. child care providers;
3. demonstrate that an evaluation process exists for assessing the results of the public awareness campaign, including review of primary referral source data and child count data, by age and geographic area.
4. provide a continuous, ongoing effort throughout the state, including rural areas;

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5. provide for the involvement of, and communication with, major organizations throughout the state that have a direct interest in this part, including public agencies at the state and local level, private providers, professional associations, parent groups, advocate associations, other organizations, or any interested persons in the community;
6. provide for the field testing of developed materials within the state. The materials should be tested by the general populations as well as the professional community. They should be tested for readability and cultural sensitivity.
7. reach the general public;
8. include a variety of methods for informing the public about the provisions of Part C. Examples of methods for informing the general public about the provisions of this part include:
 - a. use of television and radio,
 - b. newspaper,
 - c. pamphlets and posters displayed in appropriate locations, and
 - d. publishing information on websites and maintaining links to related sources of information,
 - e. the use of a toll-free telephone service;
9. publish information in other languages when necessary.
10. Accommodations are made available through audio tapes and large printed text, as needed.

The Council's Public Awareness Committee assesses need and defines the target audience to be reached each year. Materials and information are prepared and disseminated based on their recommendations to the lead agency. Ongoing coordination with District Health Departments, Idaho Parents Unlimited, Idaho Child Care Program, Early Head Start programs, and Idaho Chapter of American Academy of Pediatrics maintain efforts to reach key referral sources. Each of these groups assists in the dissemination of information to families and care providers.

Regional Early Childhood Committees assist the regional program to prepare and disseminate public awareness materials about local activities including Child Find advertising and feature stories about early intervention. Legislative awareness is also conducted, primarily at the regional level.

Attachments:

Developmental Checklist
Developmental Milestones Brochure

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B-8. CENTRAL DIRECTORY

Assurances

Idaho Code, Title 16, Chapter 1, assures that the State early intervention system includes a central directory, accessible to the general public. The central directory ensures that the public can determine the nature and scope of services and assistance available from each source listed in the directory.

Procedures

Idaho has a well developed, comprehensive information and referral system. The service is designed to give the caller access to information to assist the public to connect with needed services. The 211 Idaho CareLine, houses the directory information about early intervention services. The system permits any citizen of Idaho to dial a single number and access a statewide provider database by phone or on the website which includes:

- 1) public and private early intervention service resources;
- 2) early intervention experts in the state;
- 3) research and demonstration projects;
- 4) professional groups and organizations; and
- 5) family support and advocacy groups which provide assistance to eligible children and their families

Additionally, because of the joint effort by all divisions of the directory includes information on prenatal care, health services, and child care services to all children. The directory information is available to callers, a website provides a searchable index, and written information is provided to consumers upon request. The public can access provider data by phone, online, or by letter. Brochures distributed about early intervention services and child development use the 211 Idaho CareLine toll free number on them and serve as a transmittal letter to the public.

The directory is maintained with regular updates. Following initial data entry, each service provider/agency is re-contacted to verify the accuracy of the data. This update occurs annually. The lead agency ensures that the Central Directory is maintained in a manner to ensure access.

Attachments:

211-Idaho CareLine materials, www.idahocareline.org/
www.InfantToddler.Idaho.gov
www.EarlyChildhood.dhw.idaho.gov

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B-9. COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT (CSPD)

Assurances

Idaho Code, Title 16, Chapter 1 assures a system of personnel development that provides:

1. interdisciplinary pre-service and in-service training;
2. training of a variety of personnel needed to meet the requirements of Part C policy;
3. training specific to
 - a. meeting the interrelated social/emotional, health, developmental, and educational needs of eligible infants and toddlers, and
 - b. assisting the family in enhancing the development of their children, and in participating fully in the development and implementation of the IFSP.
4. implementing strategies for the recruitment and retention of early intervention service providers;
5. Training personnel to work in rural and home based settings, and
6. Training personnel to coordinate transitions.
7. Training personnel in the emotional and social development of young children.

Procedures

- A. The procedures and activities associated with training personnel to implement services for infants, toddlers and their families comprise a Comprehensive System of Personnel Development (CSPD).
- B. The CSPD Part C system includes the following criteria:
 1. conducting annual update of the staffing and training needs assessment identifying statewide personnel and personnel development needs;
 2. developing a statewide plan for addressing personnel and personnel development needs;
 3. assuring that inservice training delivered relates to the topics and competencies identified in needs assessments and to promote the implementation of evidence based practices;
 4. providing specialized orientation to newly hired or contracted professionals and paraprofessionals as well as specialized continuing education to long-term practitioners;
 5. using the Early Childhood Coordinating Council to review and update the statewide CSPD plan;
 6. disseminating information regarding pre-service and in-service training courses, workshops and conferences;
 7. pursuing funding sources and program development where there is a gap in pre-service;
 8. making available scholarships for personnel who need course work or training to meet standards and certification;
 9. supporting development of personnel training and technical assistance grants; and
 10. supporting the development of training programs for paraprofessionals, as appropriate.
- C. Inservice training coordinated through the regional Infant Toddler Programs to all public and private providers, primary referral sources, paraprofessionals, service coordinators, and parents regarding:

Section II, B. Assurances and Optional Assurances

1. Requirements for:
 - a. Child Find
 - b. Multidisciplinary evaluation/assessment
 - c. IFSP/Service Coordination
 - d. Procedural Safeguards
 - e. Evidence Based Practices
2. Understanding the basic components of the Idaho Early Intervention System
3. Meeting the interrelated social or emotional, health, developmental, and educational needs of Part C eligible children; and
4. Assisting families in enhancing their infants'/toddlers' development by fully participating in their Individualized Family Service Plan's development and implementation.

Ongoing training to Part C providers is offered in each region. An online eManual has been provided for procedures on child find, evaluation and assessment, individualized family service plans and transition, and procedural safeguards. Training in these components is required for all providers and available, as needed. Online training modules support key principles in early intervention quality practices in service coordination and IFSPs.

Additionally, Regional Early Intervention Specialists regularly contact and train groups and individual primary referral sources to orient to the Infant Toddler Program, the benefits of early intervention, risks and eligibility criteria, how to make referrals, and procedural requirements. Pediatric and medical groups, the Idaho Perinatal Project, parent organizations, child care providers, Family and Children Services child protection workers, and WIC clinicians are examples of target audiences included in the programs outreach efforts.

Specialized training will be arranged to respond to needs identified in the needs assessment process. Financial support is offered according to resource availability. Assistance for current personnel to meet the highest standards is a priority for personnel development funds.

Training efforts are coordinated with federal child care initiatives on inclusion and integration of the child with a disability in child care settings. Additional efforts will focus on expanding early intervention consultative services to child care providers.

Parent education activities are facilitated by Idaho Parents Unlimited (IPUL) Parent Training and Information Center and Regional Early Childhood Committees. IPUL, through their regional consultants, offers training annually on IFSP development, resource identification and coordination, and parent rights. IPUL also sponsors a semi-annual parent conference with a wide variety of sessions concerning parenting and disability issues.

Regular technical assistance and coordination meetings are held with the Infant Toddler Program staff and regional program specialists and supervisors. Additionally, the program manager will arrange technical assistance visits to each region to assist with program coordination.

Section II, B. Assurances and Optional Assurances

- D. The Department of Health and Welfare and the Early Childhood Coordinating Council recognize the expertise of professional organizations for addressing pre-service and in-service training needs. National professional organizations and their Idaho chapters or affiliates assist in implementing the CSPD Part C.

Idaho has a Consortium for the Preparation of Early Childhood Professionals made up of faculty from each institution of higher education, agency, and professional organization representatives. The Consortium facilitates coordination of university programs for the Early Childhood/Early Childhood Special Education Blended Certificate and articulation from 2 year to 4 year programs. The Consortium assists the lead agency to review transcripts to determine fully qualified candidates and to prepare academic plans for professions under conditional hiring agreements. Additionally, the Consortium partners with the Department of Health and Welfare to coordinate internship placements and to promote training in evidence based practices in pre-service programs.

Section II, B. Assurances and Optional Assurances

B-10. PERSONNEL STANDARDS AND CERTIFICATION

Assurances

Idaho Code, Title 16, Chapter 1 assures that entry level requirements for professionals and paraprofessionals providing early intervention services meet Idaho's highest established certification or licensing standards for their individual disciplines. Idaho maintains standards to ensure that personnel necessary for implementation are appropriately and adequately trained. These standards are consistent with State approved or recognized certification, licensure, or other comparable requirements that apply to any profession or discipline in which personnel are providing early intervention services.

Procedures

A. Definitions

1. Appropriate professional requirements in the state means entry level requirements that:
 - a. are based on the highest requirements in the state applicable to the profession or discipline in which a person provides early intervention services, and
 - b. establishes suitable qualifications for personnel providing early intervention services to eligible infants and toddlers and families served by state, local, and private agencies.
2. Highest requirements in the state applicable to a specific profession or discipline means highest entry-level academic degree or other preparation needed for State approved or recognized certification, licensing, registration, or other requirements that apply to profession/discipline.
3. Profession or Discipline means a specific occupational category that:
 - a. provides early intervention services to eligible infants and toddlers and families
 - b. has been established or designated by the State; and
 - c. has a required scope of responsibility and degree of supervision.
4. State approved or recognized endorsement, certification, licensing, registration or other comparable requirement means the requirement that a state legislature has enacted or authorized a state agency to promulgate through rules to establish entry-level standards for employment in a specific profession or discipline in the state.

B. Currently, all new personnel hired to work in the Idaho Infant Toddler (Part C) Program, contracted by the lead agency, or providing services according to the provisions of an interagency agreement are required to meet the highest personnel standards.

In any geographic area of the State where there is a demonstrated shortage of fully qualified, adequately trained personnel, the lead agency may hire, contract, or approve the use of the most qualified individuals available who are making satisfactory progress toward completing applicable course work and training necessary to meet the standards described above in 1, 2, 3, and 4. The following minimum procedures will be used when necessary to hire a less than fully qualified individual:

Section II, B. Assurances and Optional Assurances

- 1) a good faith effort will be made by the supervisor or the Regional Program Manager to recruit personnel who meet the highest standard by:
 - a. Requesting a register of qualified candidates from the Idaho State Division of Human Resources;
 - b. If the register is insufficient to identify fully qualified candidates, requesting an announcement for employment through the required State process of the Division of Human Resources which includes statewide dissemination of the position announcement;
 - c. Screening and interviewing all potentially qualified applicants;
 - d. Hiring the most qualified individuals under a signed conditional hiring agreement which outlines a plan, with time lines, for the candidate to achieve applicable course work and other required training or experience within three years of the date of hire;
 - e. Supervising closely the job performance of the employee by a fully qualified individual;
 - f. Monitoring progress toward achievement of the goals contained in the conditional hiring agreement at least annually and documenting progress in the employee record;
 - g. Terminating the employment of the individual if the progress toward completion is deemed unsatisfactory according to the provisions of the conditional hiring agreement, and
 - h. Notifying the Infant Toddler Program Manager (Part C Coordinator) when any employee is hired using this procedure for conditional hiring.
- C. The standards for each early intervention discipline or profession used by the lead agency to implement Part C, and are consistent with the highest requirements in Idaho for that profession or discipline, except in the instance of a demonstrated personnel shortage according to the procedures in B, above. The lead agency's regional Infant Toddler Program maintains a file of information on Part C personnel and personnel standards.
- D. In identifying the "highest standards in the state", the requirements of all state statutes and rules of all state agencies applicable to services for children and families are considered.

The following table identifies services available through the Infant Toddler Program and outlines various disciplines that may provide the service through the early intervention system.

Early Intervention Services and Qualified Providers	
Early Intervention Services	Qualified Providers

Section II, B. Assurances and Optional Assurances

Early Intervention Services and Qualified Providers	
Early Intervention Services	Qualified Providers
<u>Assistive Technology</u> <ul style="list-style-type: none"> Assistive Technology Device Assistive Technology Service 	Audiologist, Speech/Language Pathologist, Speech/Language Pathologist Aide/Assistant, Physician, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, or Certified Occupational Therapy Assistant.
<u>Audiological Services</u>	Audiologist
<u>Cued Language Service</u>	Speech/Language Pathologist, Speech/Language Pathologist Aide/Assistant, or other professionals who have passed the Cued Language Transliterator National Certification Examination.
<u>Developmental Therapy/Special Instruction</u>	<p>Developmental Specialist or Therapy Technician.</p> <p>Paraprofessionals, such as aides or therapy technicians, may be used by an agency to provide developmental therapy to children birth to three (3) years of age if they are under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group.</p>
<u>Family Training, Counseling, and Home Visits</u>	Social Worker, Psychologist, Marriage and Family Therapist, or Professional Counselor.
<u>Health Services</u>	Physician, Physician Assistant, Nutritionist, Registered Nurse, or Licensed Practical Nurse.
<u>Medical Services</u> (only for diagnostic or evaluation purposes)	Physician, Physician Assistant, or Nurse Practitioner.

Section II, B. Assurances and Optional Assurances

Early Intervention Services and Qualified Providers	
Early Intervention Services	Qualified Providers
<u>Nursing Services</u>	<p>Registered Nurse or Licensed Practical Nurse.</p> <p>The stability of the patient's environment, the patient's clinical state, and the predictability of the outcome determine the degree of direction and supervision that must be provided to the Licensed Practical Nurse.</p>
<u>Nutrition Services</u>	Registered Dietician.
<u>Occupational Therapy</u>	<p>Licensed Occupational Therapist or Certified Occupational Therapy Assistant.</p> <p>The Licensed Occupational Therapist shall be responsible for the supervision of the Certified Occupational Therapy Assistant.</p>
<u>Physical Therapy</u>	<p>Physical Therapist or Physical Therapist Assistant.</p> <p>A Licensed Physical Therapist shall supervise and be responsible for patient care given by Physical Therapist Assistants and supportive personnel.</p>
<u>Psychological Services</u>	Psychologist or Clinician.
<u>Respite Care</u>	Individual provider selected by a parent.
<u>Service Coordination Services</u>	<p>Audiologist, Psychologist, Speech/Language Pathologist, Speech/Language Pathologist Aide/Assistant, Occupational Therapist, Certified Occupational Therapist Assistant, Orientation and Mobility Specialist, Vision Specialist, Teacher for the Visually Impaired, Physical Therapist, Physical Therapist Assistant, Social Worker, Marriage and Family Therapist, Professional Counselor, Registered Dietician, Registered Nurse,</p>

Section II, B. Assurances and Optional Assurances

Early Intervention Services and Qualified Providers	
Early Intervention Services	Qualified Providers
	Licensed Practical Nurse, Physician, or Nurse Practitioner. Under the supervision of a qualified Service Coordinator, paraprofessionals may be used to assist in the implementation of a Service Coordination Plan.
<u>Social Work Services</u>	Social Worker.
<u>Speech/Language Pathology</u>	Speech/Language Pathologist or Speech/Language Pathologist Aide/Assistant. It is the Speech/Language Pathologist's responsibility to design and implement a supervision system for the Speech/Language Pathologist Aide/Assistant that protects patient/client care and maintains the highest possible standards of quality.
<u>Transportation</u>	Licensed driver.
<u>Vision Services</u>	Orientation/Mobility Specialist, Vision Specialist, Teacher for the Visually Impaired, Ophthalmologists, or Optometrists.

Personnel standards are appropriate professional requirements applicable to a specific occupational category. The standards are enacted by the state legislature or by their authorization of a state agency to promulgate rules to establish entry-level standards for employment in a specific profession or discipline in the state. Personnel standards are required for the Idaho Infant Toddler Program to ensure that all professionals and paraprofessionals are appropriately and adequately trained to provide quality early intervention services.

Idaho Code, Title 16, Chapter 1 ensures requirements for professionals and paraprofessionals providing early intervention services meet Idaho's established certification or licensing standards for their individual disciplines. Idaho maintains standards to ensure that personnel necessary for implementation of early intervention services are appropriately and adequately trained. These standards are consistent with state-approved or recognized certification, licensure, or other comparable requirements that apply to professions or disciplines in which personnel are providing early intervention services.

Section II, B. Assurances and Optional Assurances

Audiologist

Idaho Statutes, Title 54, Chapter 29, (54-2912)

A licensed Audiologist must have the following qualifications:

- Possess a master's or doctoral degree with emphasis in Audiology, or not less than seventy-five (75) semester credit hours of post-baccalaureate study that culminates in a doctoral or other recognized degree from a nationally-accredited school for Audiology with a curriculum acceptable to the Board.
- Pass an examination in Audiology approved by the Speech and Hearing Services Licensure Board [Certificate of Clinical Competence in Audiology (CCC-A)].
- Meet the current supervised academic clinical practicum, and supervised postgraduate professional experience approved by the Board; and
- Never have had a license for Audiology revoked.

Developmental Specialist

IDAPA 16.04.11.08

A Developmental Specialist must have the following qualifications:

- Possess an Elementary Education Certificate or Special Education Certificate with an Endorsement in Early Childhood Special Education (ECSE) or a Blended Early Childhood/Early Childhood Special Education (EC/ECSE) Certificate.

– OR –

Possess a bachelor's or master's degree in special education, elementary education, speech/language pathology, early childhood education, physical therapy, occupational therapy, psychology, social work, or nursing plus a minimum of twenty-four (24) semester credits in EC/ECSE from an accredited college or university.

Courses taken must appear on college or university transcripts and must cover the following standards in their content:

- Promotion of development and learning for children from birth to three (3) years.
- Assessment and observation methods for developmentally appropriate assessment of young children.
- Building family and community relationships to support early interventions.
- Development of appropriate curriculum for young children, including Individualized Family Service Plan and Individualized Education Plan (IEP) development.
- Implementation of instructional and developmentally effective approaches for early learning, including strategies for children who are medically fragile and their families.

Section II, B. Assurances and Optional Assurances

- Demonstration of knowledge of policies and procedures in special education and early intervention and demonstration of knowledge of exceptionalities in children's development.

When the Department, in its role as lead agency for implementation of Part C of the Individuals with Disabilities Education Act (IDEA) has determined that there is a shortage of qualified personnel to meet service needs in a specific geographic area, the Department:

- May approve the most qualified individuals who are demonstrating satisfactory progress toward completion of applicable course work in accordance with the individual's approved plan to meet the required standard within three (3) years of being hired.

Satisfactory progress will be determined on an annual review by the Department.

- May allow individuals who have an approved plan for completion of twenty (20) semester credits in EC/ECSE prior to July 1, 2005 to continue providing services as long as they demonstrate satisfactory progress on the plan and complete the requirements on the plan within three (3) years of their hire date.

Family Therapist

The following subsections describe the qualifications necessary for Marriage and Family Therapists and Professional Counselor.

Marriage and Family Therapists

IDAPA 24.15.01.238 01-03 and Idaho Statutes, Title 54, Chapter 34 (54-3405C)

A licensed Marriage and Family Therapist must have the following qualifications:

- Possess a graduate degree as outlined in Section 54-3405C(1), Idaho Code.
- Successfully complete a written examination as approved by the Board and defined by rule.
- Meet the completion of a one (1) year practicum of supervised marriage and family therapy experience, consisting of a minimum of three hundred (300) direct client contact hours, of which one hundred fifty (150) hours shall be with couples or families, as part of the graduate program requirements as outlined in Section 54-3405C(2), Idaho Code.
- Meet the three thousand (3,000) hour requirement as outlined in Section 54-3405C(3), Idaho Code. Effective July 1, 2004, a Marriage and Family Therapist must be registered with the Board to provide post graduate supervision.

Professional Counselor

IDAPA 24.15.01.150 01-02 and Idaho Statutes, Title 54, Chapter 34 (54-3405C)

A licensed Professional Counselor must have the following qualifications:

- A planned graduate program of sixty (60) semester hours that are primarily counseling in nature, six (6) semester hours of which are earned in an advanced counseling practicum, and including a graduate degree in a counseling field from an accredited university or college offering a graduate program in counseling.

Section II, B. Assurances and Optional Assurances

- One thousand (1,000) hours of supervised experience in counseling acceptable to the Board.
- An examination, when required by the Board's rules.

Therapy Technicians Delivering Services to Children Birth - Three

IDAPA 16.04.1 1.420.09

Developmental therapy paraprofessionals serving infants and toddlers from birth to three (3) years of age must have the following qualifications:

- Be at least eighteen (18) years of age or older.
- Be a high school graduate or have a GED.
- Have transcribed courses for the minimum of a Child Development Associate degree (CDA) or the equivalent through completion of twelve (12) semester credits from an accredited college or university in child development, special education, or closely-related coursework.

– OR –

Have three (3) years of documented experience providing care to infants, toddlers, or children less than five (5) years of age with Developmental Delays or Disabilities under the supervision of a Child Development Professional, Certified Educator, Licensed Therapist, or Developmental Specialist.

Paraprofessionals, such as aides or Therapy Technicians, may be used by an agency to provide developmental therapy to children birth to three (3) years of age if they are under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group.

Occupational Therapist

IDAPA 22.01.09.020 01-04 and Idaho Statutes, Title 54, Chapter 37 (54-3706)

A licensed Occupational Therapist must have the following qualifications:

- Be of good moral character.

The Board may refuse licensure if it finds the applicant has engaged in conduct prohibited by Section 54-3712, Idaho Code, provided the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances.
- Provide evidence of successfully completing of the academic requirements of a program in occupational therapy accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education, or an accrediting agency recognized by the United States Secretary of Education, the Council for Higher Education Accreditation, or both.
- Submit evidence of having successfully completed a period of supervised fieldwork experience acceptable to the Board, which fieldwork shall be a minimum of six (6) months of supervised fieldwork experience.

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- Either pass an examination required by the Board or shall be entitled to apply for licensure by endorsement or limited permit.

The written examination shall be the examination conducted by the National Board for Certification in Occupational Therapy, Inc. (NBCOT) and the passing score shall be the passing score established by the NBCOT.

A Licensed Occupational Therapist shall be responsible for the supervision of the Certified Occupational Therapist Assistant. The supervising and consulting therapist need not be physically present or on the premises at all times the Occupational Therapist Assistant is performing the service.

The mode and extent of the communication between the supervising or consulting Occupational Therapist and the Occupational Therapist Assistant shall be determined by the competency of the assistant, the treatment setting, and the diagnostic category of the client.

Certified Occupational Therapist Assistant (COTA)

IDAPA 22.01.09.020 01-04 and Idaho Statutes, Title 54, Chapter 37 (54-3706)

A Certified Occupational Therapist Assistant must have the following qualifications:

- Be of good moral character.

The Board may refuse licensure if it finds the applicant has engaged in conduct prohibited by Section 54-3712, Idaho Code, provided the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances.

- Provide evidence of successfully completing the academic requirements of a program in occupational therapy accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education, or an accrediting agency recognized by the United States Secretary of Education, the Council for Higher Education Accreditation, or both.
- Submit evidence of successfully completing a period of supervised fieldwork experience acceptable to the Board, which fieldwork shall be, a minimum of two (2) months of supervised fieldwork experience.
- Either pass an examination required by the Board or shall be entitled to apply for licensure by endorsement or limited permit.

The written examination shall be the examination conducted by the National Board for Certification in Occupational Therapy, Inc. (NBCOT) and the passing score shall be the passing score established by the NBCOT.

The Licensed Occupational Therapist shall be responsible for the supervision of the Certified Occupational Therapist Assistant. The supervising and consulting therapist need not be physically present or on the premises at all times the Occupational Therapist Assistant is performing the service. The mode and extent of the communication between the supervising or consulting Occupational Therapist and the Occupational Therapist Assistant shall be determined by the competency of the assistant, the treatment setting, and the diagnostic category of the client.

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Orientation/Mobility Specialist

Orientation and Mobility Specialists are certified by the Academy for Certification of Vision Rehabilitation and Education Professionals. To qualify to take the certification exam, candidates must have the following qualifications:

- Proof of a minimum of a Bachelor's degree (or foreign equivalent, as verified through an independent credential evaluation company), with an emphasis in Orientation and Mobility (O&M) from an Association for Education and Rehabilitation of the Blind and Visually Impaired (AER)-approved university or college O&M program at the time the degree or program of study was granted or completed.
- In conjunction with the university program, successful completion of three hundred and fifty (350) hours of "discipline specific, supervised practice that includes, but is not limited to, direct service hours, and related phone calls, meetings, observations, report writing, etc."

The practice must be supervised by an onsite Certified Orientation and Mobility Specialist.

- A signed written statement agreeing to uphold high ethical and professional standards.

The preceding Orientation and Mobility Specialist standards were taken from The Academy for Certification of Vision Rehabilitation and Education Professionals website.

Optometrist

Idaho Statutes, Title 54, Chapter 15 (54-1520, 54-1521, 54-1522)

A licensed Optometrist must have the following qualifications:

- Be a person of good moral character and more than twenty-one (21) years of age.
- Present certificate of graduation or diploma, or a certified true copy of a certificate of graduation or diploma, from an accredited college or university of optometry that meets with the requirements set out in the rules and regulations of the State Board of Optometry.
- Be examined to determine knowledge of the subjects essential to the practice of optometry.

Examinations shall be written and practical, and shall include the required subjects enumerated in the rules and regulations of the State Board of Optometry.

Pediatrician/Physician

IDAPA 22.01.01.050 and Idaho Statutes, Title 54, Chapter 18 (54-1810)

A licensed Pediatrician/Physician must have the following qualifications:

- Submit a completed written application to the Board on forms furnished by the Board, which shall require proof of graduation from a medical school acceptable to the Board, and successful completion of a postgraduate training program acceptable to the Board.

The application shall require a fingerprint-based criminal history check of the Idaho central criminal database and the Federal Bureau of Investigation criminal history database.

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Each applicant must submit a full set of the applicant's fingerprints on forms supplied by the Board that shall be forwarded to the Idaho Department of Law Enforcement and the Federal Bureau of Investigation Identification Division for this purpose.

- Pass an examination conducted by, or acceptable to, the Board that shall thoroughly test the applicant's fitness to practice medicine.

If an applicant fails to pass the examination on two (2) separate occasions, the applicant shall not be eligible to take the examination for at least one (1) year, and before taking the examination again, the applicant must make a showing to the Board that they have successfully engaged in a course of study for the purpose of improving their ability to engage in the practice of medicine.

Applicants who fail two (2) separate examinations in another state, territory, or district of the United States or Canada, must make the same showing of successful completion of a course of study prior to examination for licensure.

- The Board may require an applicant to be personally interviewed by the Board or a designated committee of the Board.

Such an interview shall be limited to a review of the applicant's qualifications and professional credentials.

Physician Assistant

IDAPA 22.01.03.021 and Idaho Statutes, Title 54, Chapter 18 (1803)

A licensed Physician Assistant must have the following qualifications:

- Applicants for licensure shall have completed an approved program as defined in Subsection 010.03 and shall provide evidence of having received a college baccalaureate degree from a nationally-accredited school with a curriculum approved by the United States Secretary of Education, the Council for Higher Education Accreditation, or both; or from a school accredited by another such agency approved by the Board.
- Satisfactory completion and passage of the certifying examination for Physician Assistants, administered by the National Commission of Certification of Physician Assistants or such other examinations; which may be written, oral, or practical, as the Board may require.
- The Board may, at its discretion require the applicant or the supervisory physician, or both, to appear for a personal interview.
- If the applicant is to practice with Idaho, the applicant must submit payment of the prescribed fee and a completed form provided by the Board indicating:
 - The applicant has completed a delegation of services agreement signed by the applicant, supervising Physician, and alternate supervising Physicians.
 - The agreement is on file at each practice location, the address of record of the supervising Physician, and the central office of the Board.

– OR –

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If the applicant is not to practice in Idaho, he must submit payment of the prescribed fee and a completed form provided by the Board indicating the applicant is not practicing in Idaho.

Prior to practicing in Idaho, the applicant must meet the requirements of Subsections 021.04.a.i. and 021.04.a.ii.

Nurse Practitioner

IDAPA 23.01.01.285.03 and Idaho Statutes, Title 54, Chapter 14 (54-1409)

A licensed Nurse Practitioner must have the following qualifications:

- Be currently licensed as a professional Nurse in Idaho.
- Have successfully completed an approved advanced practice professional nursing education program that meets the Board requirements for the category of advanced nursing practice for which the applicant is seeking licensure.
- Have passed a qualifying examination recognized by the Board and have current initial certification or current recertification from a national group recognized by the Board.
- Be of sufficiently sound physical and mental health as will not impair or interfere with the ability to practice nursing.

Physical Therapist

IDAPA 22.01.05.010.22 a-c and Idaho Statutes, Title 54, Chapter 22 (54-2209, 54-2210)

A licensed Physical Therapist must have the following qualifications:

- Be of good moral character.
- Submit completed written application to the Board on forms furnished by the Board, which shall require proof of graduation from a nationally-accredited school, with a curriculum acceptable to the Board, for Physical Therapists or Physical Therapist Assistants; and have completed the application process.
- Have either passed, to the satisfaction of the Board, an examination authorized by the Board to determine the applicant's fitness to practice as a Physical Therapist or Physical Therapist Assistant, or be entitled to and apply for licensure by endorsement as provided for in section 54-2211, Idaho Code.
- Have a degree from a school or course of physical therapy with a curriculum approved by:
 - The American Physical Therapy Association (APTA) from 1926 to 1936 or the APTA Accreditation Commission; or
 - The Council on Medical Education and Hospitals of the American Medical Association from 1936 to 1960; or

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- An accrediting agency recognized by the U.S. Commissioner of Education, the Council on Postsecondary Accreditation, or both.

A licensed Physical Therapist shall supervise and be responsible for patient care given by Physical Therapist Assistants and supportive personnel. A Physical Therapist who delegates tasks or procedures that fall within the scope of the practice of physical therapy shall supervise such tasks and procedures in conformance with administrative rules adopted by the Board.

A Physical Therapist shall adhere to the policies and procedures that delineate the functions, responsibilities, and supervisory relationships of Physical Therapist Assistants and supportive personnel as established by the Board, on the advice and counsel of the committee, in the Board's administrative rules.

Physical Therapist Assistant

IDAPA 22.01.05.010.22 a-c and Idaho Statutes, Title 54, Chapter 22 (54-2209, 54-2210)

A licensed Physical Therapist Assistant must have the following qualifications:

- Be of good moral character.
- Submit a completed, written application to the Board on forms furnished by the Board, which shall require proof of graduation from a nationally-accredited school with a curriculum acceptable to the Board, for Physical Therapists or Physical Therapist Assistants, and have completed the application process.
- Have either passed, to the satisfaction of the Board, an examination authorized by the Board to determine the applicant's fitness to practice as a Physical Therapist or Physical Therapist Assistant, or be entitled to and apply for licensure by endorsement as provided for in section 54-2211, Idaho Code.
- Have a degree from a school or course of Physical Therapist Assistant with a curriculum approved by:
 - The American Physical Therapy Association (APTA) from 1926 to 1936, or the APTA Accreditation Commission; or
 - The Council on Medical Education and Hospitals of the American Medical Association from 1936 to 1960; or
 - An accrediting agency recognized by the U.S. Commissioner of Education, the Council on Postsecondary Accreditation, or both.

A Licensed Physical Therapist shall supervise and be responsible for patient care given by Physical Therapist Assistants and supportive personnel. A Physical Therapist who delegates tasks or procedures that fall within the scope of the practice of physical therapy shall supervise such tasks and procedures in conformance with administrative rules adopted by the Board.

A Physical Therapist shall adhere to the policies and procedures that delineate the functions, responsibilities, and supervisory relationships of Physical Therapist Assistants and supportive personnel

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as established by the Board, on the advice and counsel of the committee, in the Board's administrative rules.

Psychologist

IDAPA 24.12.01 and Idaho Statutes, Title 54, Chapter 23 (54-2307)

A licensed Psychologist must have the following qualifications:

- Be of acceptable moral character.
- Either graduate from an accredited college or university with a degree of doctor of philosophy in psychology and two (2) years of postgraduate experience acceptable to the Board, such two (2) years not to include terms of internship.

– OR –

Graduate from a recognized college or university with a doctoral degree in a field related to psychology, provided experience and training are acceptable to the Board.

- Successful passage of an examination, if such examination is required by the rules duly adopted by the Board.

The Board will require a written examination of applicants. The written examination will be the National Examination for Professional Practice in Psychology (EPPP).

Registered Dietician

IDAPA 22.01.13.020.01-02 and Idaho Statutes, Title 54, Chapter 35 (54-3506)

A licensed Registered Dietician must have the following qualifications:

- Successfully completed the academic requirements of an education program in dietetics approved by the Licensure Board.
- Successfully completed a dietetic internship or preprofessional practice program, coordinated program, or such other equivalent experience as may be approved by the Licensure Board.
- Passed an examination as provided in section 54-3507, Idaho Code.
- Be of good moral character and shall meet the requirements set forth in Section 54-3506, Idaho Code. The Board may refuse licensure if it finds the applicant has engaged in conduct prohibited by Section 54-3510, Idaho Code, provided the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances.
- Either pass an examination required by the Board or shall be entitled to apply for a waiver pursuant to Section 54-3508, Idaho Code.
- The written examination shall be the examination conducted by the Commission on Dietetic Registration and the passing score shall be the passing score established by the Commission.
- An applicant who fails to pass the examination must submit a new application.

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- An applicant who has failed to pass the examination on two (2) separate occasions will be denied eligibility to reapply; however, applications may be considered on an individual basis if proof of additional training is submitted.

Registered Nurse

IDAPA 23.01.01.240.01-04 and Idaho Statutes, Title 54, Chapter 14 (54-1408)

A licensed Registered Nurse must:

- Be a graduate of a state approved/accredited practical or professional nursing education program that is substantially equivalent to Idaho's Board-approved practical or professional nursing education program.
- Have taken the same licensing examination as that administered in Idaho and achieved scores established as passing for that examination by the Board.
- Be of sufficiently sound physical and mental health as will not impair or interfere with the ability to practice nursing.
- Applicant must hold a license in good standing from another state or territory of the United States.

The stability of the patient's environment, the patient's clinical state, and the predictability of the outcome determine the degree of direction and supervision that must be provided to the Licensed Practical Nurse.

LICENSED PRACTICAL NURSE

IDAPA 23.01.01.460.01-02 and Idaho Statutes, Title 54, Chapter 14(54-1407)

A licensed Practical Nurse must:

- Have successfully completed the basic curriculum of an approved eleven (11) month practical nursing education program, or its equivalent.
- Pass an examination adopted and used by the Board to measure knowledge and judgment essential for safe practice of practical nursing or have a practical nursing license in good standing, without restriction or limitation, issued upon successful similar examination that is approved by the Board conducted in another state, territory, or foreign country.
- Be of sufficiently sound physical and mental health as will not impair or interfere with the ability to practice nursing.

The stability of the patient's environment, the patient's clinical state, and the predictability of the outcome determine the degree of direction and supervision that must be provided to the Licensed Practical Nurse.

Service Coordinator

IDAPA 16.03.10

A qualified Service Coordinator must:

Section II, B. Assurances and Optional Assurances

- Be an employee or contractor of an agency that has a valid provider agreement with the Department of Health and Welfare.
- Have at least twelve (12) months' experience working with the population they will be serving or be supervised by a qualified Service Coordinator.
- Have a minimum of a bachelor's degree in a human services field from a nationally- accredited university or college or be a Licensed Professional Nurse, also referred to as a Registered Nurse (RN).

Social Worker

IDAPA 24.14.01 and Idaho Statutes, Title 54, Chapter 32

Clinical Social Worker refers to an individual with a master's degree or doctorate in social work and two (2) years of postgraduate supervised clinical experience approved by the Board who is licensed under this chapter and may be designated as a Licensed Clinical Social Worker (LCSW).

Masters Social Worker refers to an individual with a doctorate or master's degree in social work from a college or university approved by the Board and who is licensed under this chapter and may be designated as a Licensed Masters Social Worker (LMSW).

Social Worker refers to an individual who has a baccalaureate degree in Social Work or related fields from a college or university approved by the Board and who is licensed under this chapter and may be designated as a Licensed Social Worker (LSW). The Board shall issue licenses to qualified applicants who, in addition to qualifications enumerated in section 54-3202, Idaho Code, have passed an examination conducted by the Board and are of good moral character.

Speech/Language Pathologist

Statutes, Title 54, Chapter 29 (54-2913)

A licensed Speech/Language Pathologist must:

- File a written application with the Board on forms prescribed and furnished by the Board. A non-refundable application fee shall accompany the completed written application. Such fees shall be established by the administrative rules of the Board and shall be in such amounts as are reasonable and necessary for the proper execution and enforcement of this chapter.
- Provide documentation satisfactory to the Board that the applicant possesses a master's or doctoral degree from a nationally-accredited school of Speech/Language Pathology with a curriculum acceptable to the Board.
- Pass an examination in speech/language pathology approved by the Speech and Hearing Services Licensure board and earn a Certificate of Clinical Competence in Speech/Language Pathology (CCC-SLP).
- Meet the current supervised academic clinical practicum and supervised postgraduate professional experience approved by the Board.
- Have never had a license for speech/language pathology revoked as part of disciplinary action from this or any other state.

Section II, B. Assurances and Optional Assurances

In addition, the Speech/Language Pathologist shall not be found by the Board to have engaged in conduct prohibited by section 54-2923, Idaho Code.

However, the Board may take into consideration the rehabilitation of the applicant and other mitigating circumstances, as appropriate.

Speech/Language Pathologist's Responsibilities

It is the Speech/Language Pathologist's responsibility to design and implement a supervision system that protects patient/client care and maintains the highest possible standards of quality. The amount and type of supervision required should be based on the skills and experience of the Speech/Language Pathology Aide/Assistant, the needs of patients/clients served, the service setting, the tasks assigned, and other factors. More intense supervision, for example, would be required such instances as the orientation of a new Speech/Language Pathology Aide/Assistant; initiation of a new program, equipment, or task; or a change in patient/client status (e.g., medical complications).

The Speech/Language Pathology Aide/Assistant must be supervised by a Speech/Language Pathologist who holds a Certificate of Clinical Competence in Speech/Language Pathology from the American Speech Language/Hearing Association (ASHA), has state licensure (where applicable), has an active interest and wants to use support personnel, and has practiced speech/language pathology for at least two (2) years following ASHA certification.

In addition, completion of at least one pre-service course or continuing education unit in supervision is suggested. Periodic updating of supervision skills through in-service training is also considered highly desirable. A total of at least 30% direct and indirect supervision should be provided weekly for the first 90 workdays. For a forty (40)- hour workweek would be twelve (12) hours for both direct and indirect supervision). Direct supervision of patient/client care should be no less than 20% of the actual patient/client contact time weekly for each Speech/Language Pathology Aide/Assistant. This ensures that the Supervisor will have direct contact time with the Speech/Language Pathology Aide/Assistant as well as with the patient/client.

During each week, data on every patient/client seen by the Speech/Language Pathology Aide/Assistant should be reviewed by the Supervisor. In addition, the 20% direct supervision should be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the Speech/Language Pathologist at least once every two (2) weeks.

SPEECH/LANGUAGE PATHOLOGIST AIDE

Idaho Statutes, Title 54, Chapter 29 (54-2914)

A licensed Speech/Language Pathologist Aide must:

- File a written application with the board on forms prescribed and furnished by the board.

A nonrefundable application fee shall accompany the completed written application. Such fees shall be established by the administrative rules of the board and shall be in such amounts as are reasonable and necessary for the proper execution and enforcement of this chapter.

Section II, B. Assurances and Optional Assurances

- Provide documentation satisfactory to the board that the applicant possesses a baccalaureate degree from a nationally accredited school of speech-language pathology aide with a curriculum acceptable to the board.
- Pass an examination in speech-language pathology aide approved by the board.

Speech/Language Pathologist's Responsibilities

It is the Speech/Language Pathologist's responsibility to design and implement a supervision system that protects patient/client care and maintains the highest possible standards of quality. The amount and type of supervision required should be based on the skills and experience of the Speech/Language Pathology Aide/Assistant, the needs of patients/clients served, the service setting, the tasks assigned, and other factors. More intense supervision, for example, would be required such instances as the orientation of a new Speech/Language Pathology Aide/Assistant; initiation of a new program, equipment, or task; or a change in patient/client status (e.g., medical complications).

The Speech/Language Pathology Aide/Assistant must be supervised by a Speech/Language Pathologist who holds a Certificate of Clinical Competence in Speech/Language Pathology from the American Speech Language/Hearing Association (ASHA), has state licensure (where applicable), has an active interest and wants to use support personnel, and has practiced speech/language pathology for at least two (2) years following ASHA certification.

In addition, completion of at least one pre-service course or continuing education unit in supervision is suggested. Periodic updating of supervision skills through in-service training is also considered highly desirable. A total of at least 30% direct and indirect supervision should be provided weekly for the first 90 workdays. For a forty (40)- hour workweek would be twelve (12) hours for both direct and indirect supervision). Direct supervision of patient/client care should be no less than 20% of the actual patient/client contact time weekly for each Speech/Language Pathology Aide/Assistant. This ensures that the Supervisor will have direct contact time with the Speech/Language Pathology Aide/Assistant as well as with the patient/client.

During each week, data on every patient/client seen by the Speech/Language Pathology Aide/Assistant should be reviewed by the Supervisor. In addition, the 20% direct supervision should be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the Speech/Language Pathologist at least once every two (2) weeks.

SPEECH/LANGUAGE PATHOLOGIST ASSISTANT

Idaho Statutes, Title 54, Chapter 29 (54-2915)

A licensed Speech/Language Pathologist Assistant must:

- File a written application with the Board on forms prescribed and furnished by the Board.

A non-refundable application fee shall accompany the completed written application. Such fees shall be established by the administrative rules of the Board and shall be in such amounts as are reasonable and necessary for the proper execution and enforcement of this chapter.

Section II, B. Assurances and Optional Assurances

- Provide documentation satisfactory to the Board that the applicant possesses an associate's degree from a nationally-accredited school of Speech/Language Pathology Assistant with a curriculum acceptable to the Board.
- Pass an examination in Speech/Language Pathology Assistant approved by the Board.

Speech/Language Pathologist's Responsibilities

It is the Speech/Language Pathologist's responsibility to design and implement a supervision system that protects patient/client care and maintains the highest possible standards of quality. The amount and type of supervision required should be based on the skills and experience of the Speech/Language Pathology Aide/Assistant, the needs of patients/clients served, the service setting, the tasks assigned, and other factors. More intense supervision, for example, would be required such instances as the orientation of a new Speech/Language Pathology Aide/Assistant; initiation of a new program, equipment, or task; or a change in patient/client status (e.g., medical complications).

The Speech/Language Pathology Aide/Assistant must be supervised by a Speech/Language Pathologist who holds a Certificate of Clinical Competence in Speech/Language Pathology from the American Speech Language/Hearing Association (ASHA), has state licensure (where applicable), has an active interest and wants to use support personnel, and has practiced speech/language pathology for at least two (2) years following ASHA certification.

In addition, completion of at least one pre-service course or continuing education unit in supervision is suggested. Periodic updating of supervision skills through in-service training is also considered highly desirable. A total of at least 30% direct and indirect supervision should be provided weekly for the first 90 workdays. For a forty (40)- hour workweek would be twelve (12) hours for both direct and indirect supervision). Direct supervision of patient/client care should be no less than 20% of the actual patient/client contact time weekly for each Speech/Language Pathology Aide/Assistant. This ensures that the Supervisor will have direct contact time with the Speech/Language Pathology Aide/Assistant as well as with the patient/client.

During each week, data on every patient/client seen by the Speech/Language Pathology Aide/Assistant should be reviewed by the Supervisor. In addition, the 20% direct supervision should be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the Speech/Language Pathologist at least once every two (2) weeks.

TEACHER FOR VISUALLY IMPAIRED

IDAPA 08.02.02

A certified Teacher for Visually Impaired must possess both a Standard Exceptional Child Certificate and a Visual Impairment Endorsement (K-12).

To be eligible for an Exceptional Child Certificate with a Visually Impaired Endorsement, a candidate must satisfy the following requirements:

- Complete a baccalaureate degree from an accredited college or university.
- Complete a program from an Idaho college or university in elementary, secondary, or special education currently approved by the Idaho State Board of Education.

Section II, B. Assurances and Optional Assurances

– OR –

Complete a program from an out-of-state college or university in elementary, secondary, or special education currently approved by the educational agency of the state in which the program was completed.

- Complete a program of a minimum of 30 semester credit hours in the area of visual impairment and must receive an institutional recommendation specific to this endorsement from an accredited college or university.

Section II, B. Assurances and Optional Assurances

B-11. LEAD AGENCY

Assurances

The Idaho Department of Health and Welfare is the lead agency. As the lead agency, the Department of Health and Welfare assures implementation of statewide coordinated comprehensive, early intervention services to all eligible infants and toddlers and their families. Idaho Code Title 16, Chapter I, an act for early intervention services for infants and toddlers was enacted in 1991 (see Section VII). The code defines Health and Welfare as the lead agency and designates the Department as the single line of responsibility for the administration of the early intervention system and all funds appropriated to implement the provisions of the act.

The State of Idaho has designated the Department of Health and Welfare to be responsible for assigning financial responsibility among appropriate agencies.

Administrative responsibilities of the Department of Health and Welfare include:

- 1) the administration of all funds appropriated;
- 2) the identification and coordination of all available financial resources within the State from federal, state, local and private sources;
- 3) the resolution of intra- and inter-agency disputes;
- 4) the entry into formal intra- and interagency agreements with other agencies involved in early intervention services;
- 5) the entry into contracts with service provider agencies;
- 6) the monitoring and general supervision of programs and activities;
- 7) the development of procedures to ensure that services are provided in a timely manner pending resolution of any disputes among public agencies or service providers;
- 8) the writing of all policies, procedures, and administrative rules in conjunction with the Early Childhood Coordinating Council; and the provision of staff and services as necessary to carry out the functions of the Council.

Section II, B. Assurances and Optional Assurances

B-11(A). Lead Agency: General Supervision and Monitoring

Assurances

The Idaho Department of Health and Welfare is responsible for the general administration, supervision and monitoring of programs and activities used by the state to implement Part C, and to ensure compliance with the Part C regulations. This authority has been established by Idaho Code Title 16, Chapter 1. To ensure compliance with Part C the lead agency is also responsible for the monitoring of programs and activities used by the State to carry out this part whether or not the programs or activities are receiving assistance under Part C.

Procedures

The Department has established and will use proper methods of administering the Part C program within the state including the following:

Overview of Monitoring System:

- Idaho Infant Toddler Program has specific quality indicators and compliance measures to determine regional performance of regulatory requirements and other standards identified by OSEP and the state.
- Lead Agency monitors data reflecting these standards and indicators on a regular (quarterly) basis.
- Many indicators are monitored monthly by regional staff.
- Summary reports are routinely provided to ICC and other interest groups.
- Monitoring data is used to inform discussions and policy decisions.
- State data system (ITP Web) and NCSEAM family survey is closely aligned with compliance and performance indicators.
- Idaho's general supervision system uses both self-assessments by regional programs and focused monitoring processes.
- Technical assistance is used to ensure correction of non-compliance and improved performance.

Advisory Council:

Monitoring of agencies, institutions, organizations, and activities used by the state to implement Part C is by the Department with the advice and assistance of the Early Childhood Coordinating Council and the Regional Early Childhood Committees.

Data System and Verification

- Idaho Infant Toddler Program's electronic data collection and management system (ITP Web) is a web based system that contains all collected child enrollment, demographic, caregiver, service coordination provision, eligibility categories, and service categories.
- ITP Web is undergoing revisions to allow for improved capacity for data collection, analysis, report generation and billing capabilities ITP Web provides real time data to both regional and central office personnel
- Data in ITP Web is used to:
 - report 618 data to OSEP;
 - respond to many compliance and performance indicators in each program's self-assessment; and
 - Determine compliance and performance status for SPP/APR indicators.

Section II, B. Assurances and Optional Assurances

- Data from ITP Web populates relevant local program compliance and performance indicators included in the Regional Annual Performance Report (RAPR) Document. Reports are generated in Central Office and data is transferred to the RAPR document.
- Lead Agency routinely verifies ITP Web data entry for accuracy, reliability, non-duplication, etc. during onsite focused monitoring visits and desk audit procedures.

Family Survey

Idaho Infant Toddler Program utilizes results from the NCSEAM family survey (and using a RASCH data analysis as recommended by NCSEAM) as part of the identification of issues and areas for improvement.

Desk Audit

- Lead Agency conducts desk audit process using data compiled through the ITP Web system to accomplish the following:
 - Ensure data in ITP Web are accurate
 - Identify potential areas of noncompliance and areas for improvement
 - Conduct inquiry to obtain additional information as needed
 - Issue findings of non-compliance if necessary
 - Monitor implementation of corrective action plans
 - Provide technical assistance
 - Assure correction of noncompliance in accordance with federal requirement

Self-Assessment

- Regional assessment is completed by local programs annually and uses a standardized tool titled the Regional Annual Performance Report.
- Self-assessment indicators developed by the state (focusing on both compliance and quality) are aligned with the SPP/APR and the state's data system (ITP Web)
- Lead Agency will populate relevant self-assessment indicators with data from ITP Web, NCSEAM family survey results and child outcome data and sends to programs to complete other elements from targeted file reviews, regional complaint logs, and other sources of information.
- Number of other data sources that programs are required to use in completing self-assessment and determining performance in meeting targets is limited (e.g., record review family survey, previous monitoring reports).
- Lead Agency will verify program self assessment data through focused monitoring activities and desk audit procedures such as comparison of data reports from multiple data sources (e.g. file review and Data Tot reports).
- Lead Agency will provide TA to programs in developing a negotiated action plan, which identifies concrete steps/timelines to remediate system challenges, areas of concern or desired growth, and areas of non-compliance as appropriate (e.g., regional corrective action plans (CAPs))
- Regional programs will include baseline data and measurable, time specific objectives and performance targets as well as TA and training needs in CAPs and enhancement plans as strategies to help achieve the targeted objectives
- In implementing CAPs and enhancement plans, the Regional Team, Regional EIS and Program Manager will be responsible for:
 - Ensuring the Action Plan is implemented as developed.

Section II, B. Assurances and Optional Assurances

- Documenting that the activities listed are occurring within the given timelines identified in the Action Plan
- Reviewing progress quarterly and making adjustments in the plan and the activities as warranted. On compliance issues, the process reports performance data and status of record review findings in the CAP document.
- Request specific technical assistance from central office to implement the plan and resolve system challenges and areas of non-compliance, if any were identified.
- Advise central office of barriers to implementation (and possible solutions) that are not controlled at the Regional level

For regional programs that identify non-compliance, Lead Agency will complete quarterly corrective action plan monitoring calls to assess status and progress. In instances where no progress toward expected targets is made over a period of more than two quarters, monthly monitoring, increased technical assistance, further troubleshooting, or other sanctions may result.

Focused Monitoring

- Lead Agency ranks regional programs based upon performance on key indicators.
- Lead Agency conducts on-site visits with selected regional programs, not just lowest ranking programs.
- CAPs and enhancement plans developed through self-assessment process are modified base upon findings from onsite visit.
- Lead Agency and regional programs use self-assessment follow-up steps to ensure that CAPs and enhancement plans are implemented and that non-compliance is corrected in a timely manner.

Technical Assistance for Monitoring

- Lead Agency provides TA to regional programs on Data-Tot and in the development and implementation of CAPs and enhancement plans.
- Lead Agency can require specific TA if non-compliance and improvements are not being addressed in a timely manner.
- Regional teams, EIS and program managers access TA from in-state and national experts as needed to ensure correction of non-compliance, improve performance in meeting targets, and enhance quality practices to improve results for children and families.

Analysis of Complaints and/or Due Process Resolutions for Monitoring and TA Purposes

- All families are provided with information on complaint and dispute resolutions processes, including the availability of mediation.
- Formal and informal complaints are managed by the Lead Agency where a log of complaints and resolutions are maintained.
- When complaint is aired by a family, whether verbally or in writing, they are informed about the procedural safeguards and advised about how to submit a complaint in writing should they choose.
- Families are also informed about mediation and encouraged to consider it as one option to help resolve a dispute.
- Should a family choose to request mediation or due process, Lead Agency contacts appropriate mediators/hearing officers, confirms arrangements, and facilitates connection between the family and the mediator/hearing.
- Lead Agency investigates administrative complaints when filed.

Section II, B. Assurances and Optional Assurances

- Lead Agency aggregates data/results from formal/informal complaints and due process hearings to identify or emphasize area that need attention during focused monitoring visits or on improvement plans and for managing provider contracts.
- When non-compliance or areas needing improvement are identified, CAPs and enhancement plans are written.
- Lead Agency ensures correction of non-compliance as required
- Lead Agency maintains a complaint log and ensures timeliness of completing findings/resolutions.
- Lead Agency analyzes data to modify policies, procedures and practices.

Data Collection for SPP/APR

- ITP Web is aligned with SPP/APR and SA indicators.
- Regional Annual Performance Report document is completed annually by all regions.
- Monitoring findings are also used in developing the SPP/APR.
- If available, information about Complaints and Due Process Hearings are aggregated and analyzed
- NCSEAM family survey results and child outcomes data also inform SPP/APR.
- A focused monitoring system is also used in SPP/APR development.

Enforcement, Including Sanctions

- Idaho Infant Toddler Program enforces compliance and performance through the following:
 - Reporting Data to the Public;
 - Using results of program self-assessment and focused monitoring to identify non-compliance, target technical assistance, and support programs in developing meaningful and effective improvement plans;
 - Review the following with the Early Childhood Coordinating Council (previously the SICCC): Systemic non-compliance or low performance and resulting corrective actions required. These may be identified through review of ITP Web data, program self-assessment, focused monitoring, complaints and due process activities.
- In instances where correction of non-compliance does not occur within 12 months of identification, Lead agency will take one or more of the following enforcement actions:
 - Advise the region of available sources of technical assistance
 - Direct the use of regional program funds on areas in which the region needs assistance
 - Require the region to prepare a corrective action plan, an improvement plan, and/or to enter into a compliance agreement with the Lead Agency involving upper level administrators.
 - In extreme instances, the Lead Agency may withhold Part C funds to the region.
- Regional programs will impose the following hierarchy of monitoring and enforcement actions for contracted services:
 - Monitoring of contracts at least every six months
 - Releasing payments only upon receipt of documentation of actual service provision.
 - Denying or recouping payment for services for which non-compliance is documented
 - Halting all new referrals until deficiency is substantially remediated by the contractor
 - Amending the provider contract to shorten the term by revising the ending date
 - Termination or non-renewal of the provider contract
 - After written notification of impending enforcement action, the Contractor has the opportunity to meet with the Lead Agency staff to review the available data, explain what will be necessary to achieve compliance, and review the evidence of change that will be

Section II, B. Assurances and Optional Assurances

required to demonstrate sufficient improvement to reverse the enforcement action, if appropriate.

Attachments

Corrective Action Plan Format

R-APR

Family Survey Form

Section II, B. Assurances and Optional Assurances

B-11(B). Lead Agency: Coordination of Resources

Assurances

The State of Idaho, Department of Health and Welfare services are provided by seven administrative regions. Each geographic region has an early intervention program with satellite and outreach programs. The Department of Health and Welfare, with input from the Early Childhood Coordinating Council considers various formulas to distribute funds including equal distribution based on geographic region, a census formula of the regions' percentage of total live births, regional child count of eligible children receiving services, etc. to assure equitable distribution of resources and personnel capacity according to identified needs.

The federal funds allocated to regions are used for regional coordination of early intervention services, public awareness, child find, service coordination, evaluation, and provision of services under the Individualized Family Service Plan. State general funds are appropriated by the Idaho legislature and the Department of Health and Welfare distributes the budget to regional programs for early intervention personnel, contract providers and operating expenses related to the delivery of early intervention services. Budgets are reviewed quarterly and distributions are adjusted according to projections for utilization and need for funds.

Each Regional Early Childhood Committee is required to prepare an application periodically for funds for planned activities to meet regional coordination goals. These funds are overseen by the finance committee of the Early Childhood Coordinating Council.

Attachments:

- Map with Regions marked

- Current Regional Early Intervention Specialist and Supervisor List

- RECC Chairperson List

Section II, B. Assurances and Optional Assurances

B-11(D). LEAD AGENCY: Resolution of Disputes among Agencies and Service Providers

Assurances

The Idaho Department of Health and Welfare has procedures for:

1. receiving and resolving any complaint that one or more requirements of this part are not being met;
2. conducting an independent on-site investigation of a complaint if the lead agency determines that on-site investigation is necessary; and
3. informing parents and other interested individuals about the complaint procedures.

The lead agency widely disseminates information regarding complaint procedures to parents and other appropriate entities and interested individuals. Distribution includes information in parent training by Idaho Parents Unlimited (through contract with the Infant Toddler Program) and information in the Parent's Rights brochures that are distributed with each Prior Written Notice. Complaint resolutions procedures are also included in training for providers of all types offered by and about the Idaho Infant Toddler Program. Additionally, complaint procedures are reviewed with the ICC and Regional Infant Toddler Committee at the time of member orientation.

Procedures

1. Any individual or organization may file a written signed complaint with the lead agency regarding the Part C system.
 - a. The complaint must include a statement that a public agency or provider violated the requirements of Part C statute or regulations.
 - b. The complaint must include facts to support the complaint.
 - c. The incident on which the complaint is alleged must have occurred no more than one (1) year before the date the complaint is received, unless :
 - i. the alleged violation is ongoing; or
 - ii. the complainant is requesting reimbursement or corrective action for a violation that occurred not more than three (3) years before the date on which the complaint was received.
2. The lead agency:
 - a. determines the need for on-site investigation,
 - b. conducts on-site investigation when necessary,
 - c. interviews complainant and others as necessary during the fact-finding process,
 - d. give the complainant the opportunity to submit additional information, either orally or in writing, about allegations in the complaint, and
 - e. review all relevant information and make an independent determination whether the public agency is violating a requirement of Part C or the regulations.
3. The lead agency issues a written decision within sixty (60) days after receiving the complaint that addresses each allegation in the complaint and contains:
 - a. findings of fact and conclusions; and
 - b. reasons for the lead agency's final decision.
4. Information about findings made and action taken by the administrative system is made available to both the Early Childhood Coordinating Council (EC3) and the public. Accordingly, the Department shall:

Section II, B. Assurances and Optional Assurances

- a. send to the Early Childhood Coordinating Council annual reports, excluding information identifying children and families, of findings made and actions by the system; and
 - b. maintain a central file reflecting all findings made and actions taken by the system. A copy of this file, with all identifying information deleted, should be accessible to the public.
5. Complaints will be resolved within sixty (60) calendar days unless exceptional circumstances with regard to the complaint require a maximum extension of sixty (60) days.
6. The lead agency will provide technical assistance activities, negotiations and corrective actions to achieve compliance, if needed, for effective implementation of the lead agency's final decision.
7. If a written complaint is received that is also the subject of a due process hearing, or contains multiple issues, one or more of which are part of that hearing, the State must set aside any part of the complaint that is addressed in that due process hearing until the conclusion of the hearing. However, any issue of the complaint that is not a part of the due process action must be resolved within the sixty (60) calendar day timeline using the previously described procedures.
8. In resolving a complaint in which it finds a failure to provide appropriate services, the lead agency addresses:
 - a. how to remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and family, and
 - b. appropriate future provision of services for all infants and toddlers with disabilities and their families.

Section II, B. Assurances and Optional Assurances

B-11(C, E, F). Lead Agency: Interagency Agreement, Resolution of Disputes, Assignment of Financial Responsibility

Assurances

The Department of Health and Welfare assures the maintenance of interagency agreements with other state agencies involved in the early intervention system to define roles and financial responsibilities of each agency paying for early intervention services consistent with Idaho law and Part C regulations.

Procedures

1. Each interagency agreement includes procedures for timely resolution of interagency disputes about payment or other aspects of early intervention services.
2.
 - a) Each interagency agreement permits agencies to resolve internal disputes in a timely manner based on agency procedures included in the agreement.
 - b) Each agreement includes the process the lead agency will follow in achieving resolution of intra-agency disputes if agency is unable to resolve its own disputes.
3. Each agreement includes any components necessary to ensure effective cooperation and coordination among all agencies involved in the early intervention system.

The lead agency, with assistance from the Early Childhood Coordinating Council, is responsible for resolving disputes. The system for delivery of services in a timely manner during the pendency of dispute among agencies or services providers includes:

1. During pendency of disputes regarding the payment or cost for services, the Department of Health and Welfare will assign fiscal responsibility to an agency or pay for the services with Part C funds in accordance with the payor of last resort provision;
2. If, on resolving dispute, the Department of Health and Welfare determines the assignment of fiscal responsibility was inappropriate, the Department of Health and Welfare reassigns responsibility to the appropriate agency and makes arrangements for reimbursement of expenditures incurred by agency originally assigned fiscal responsibility within 60 days.
3. In cases where Part C as payor of last resort provided funding and the final determination of eligibility and financial responsibilities determines another agency responsible, then the reimbursement to the lead agency will be within 60 days.
4. Further disputed decision resolution will be the responsibility of the Director of the Department of Health and Welfare.

The Interagency Agreement includes a provision that, to the extent necessary to ensure compliance with its action, the lead agency refers dispute issues first to the Early Childhood Coordinating Council and after reviewing all aspects of the issue, the Council makes recommendations for resolution to the Director. Subsequently, decisions by the Director of the lead agency may be referred to the Office of the Governor.

Attachment:

Idaho Infant Toddler Program and State Department of Education Interagency Agreement
Idaho Infant Toddler Program and Idaho Educational Services for the Deaf and Blind

Section II, B. Assurances and Optional Assurances

B-12. PROCEDURES FOR ARRANGING FOR SERVICES

Assurances

Idaho Code, Title 16, Chapter 1, assures the Department of Health and Welfare contract or otherwise arranges for the delivery of all services for all early intervention services, meeting state standards and consistent with Part C.

Procedures

The State uses agencies and individuals in both the public and private sectors that meet the requirements of the State personnel standards policies and procedures for early intervention services.

Regional Department of Health and Welfare Infant Toddler Programs services are funded according to an allocation formula recommended by the Early Childhood Coordinating Council which considers funds for infrastructure, population (live birth rate), and child count census.

Contracts are awarded according to the Department's procedures for contracting for services. Contracts for the purchase of early intervention services, training, assistive technology devices, etc, are awarded according to the Department's contracting and purchasing/procurement policies and procedures.

Any qualified service provider who complies with Department standards, rules and regulations is eligible through a competitive process to contract with the Department to deliver early intervention services as defined by the policies and procedures of this system. Department contract procedures are followed.

Section II, B. Assurances and Optional Assurances

B-13. POLICIES AND PROCEDURES RELATING TO FINANCIAL MATTERS

Assurances

The Idaho Department of Health and Welfare, the lead agency, is responsible for establishing State policies related to how services to eligible children and their families will be paid for under the State's early intervention program. (See Section G, Policy) The Idaho Legislature directed the lead agency to promulgate rules for family fees. Proposed rules were published and public hearings were held with the rules being adopted in 2010. They were proposed for implementation in July of 2010, however, due to challenges with the development of automated system processes to support the family cost participation, the implementation of fees has been postponed and expected to be implemented in July, 2011.

Procedures

A. The lead agency system of payment assures that:

1. Fees will not be charged for services that a child is otherwise entitled to receive at no cost to parents. Functions not subject to fees include:
 - a. implementation of child find requirements;
 - b. evaluation and assessment;
 - c. service coordination;
 - d. administrative and coordinative activities related to the development, review, and evaluation of the IFSP and the implementation of procedural safeguards; and
 - e. early intervention services as defined under Part C.
2. The lead agency makes final authorization for payment for provision of services where no other resource is available.

B. Fees will be imposed on families through a sliding fee schedule for those families with the ability to pay. See the attached rules. The following early intervention services are subject to fees:

1. Audiology Services
2. Occupational Therapy Services
3. Physical Therapy Services
4. Psychological Services
5. Special Instruction or Developmental Therapy
6. Speech Language Pathology Services

C. The lead agency, with assistance from the Early Childhood Coordinating Council, has the responsibility for identifying and coordinating all available resources for early intervention services within the state, including those from the following federal, state, local, and private sources:

1. The Idaho Infant Toddler Program federal grant from US Department of Education;
2. State General Funds including specific funds to serve infants and toddlers with disabilities and their families;
3. EPSDT, Medicaid, and Medicaid Waivers;
4. Social Security Supplemental Income under the Social Security Administration;

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5. The Bureau of Clinical and Preventative Health Services through the MCH Title V Block Grant funds including WIC, Newborn Screening Special Health Care Programs, Home visiting program;
 6. State Department of Education, Part B, Section 619 of the Individuals with Disabilities Education Act and Even Start;
 7. District Health Departments;
 8. Idaho Council on Developmental Disabilities;
 9. Head Start including Migrant and Season Head Start and Native American;
 10. Bureau of Indian Affairs and Indian Health Services;
 11. Private resources such as Elks Rehabilitation Center, Hospital NICUs, local high risk clinics, diagnosis specific support groups such as the Epilepsy League, United Cerebral Palsy, ARC, etc; and
 12. The Bureau of Family and Community Services (Social Services Block Grant) including Child Welfare;
 13. The Child Care and Development Grant.
- D. In accordance with state and local interagency agreements, Part C funds may be used to provide a free and appropriate public education in accordance with Part B to children with disabilities from their third birthday to the beginning of the following school year. Additionally, Part B funds may be used to provide a free and appropriate public education to two year old children with disabilities who will reach age three during the school year, whether or not such children are receiving, or have received, services under Part C.
- E. The lead agency, with assistance from the Early Childhood Coordinating Council, has the responsibility for updating the information on funding sources if legislative or policy change is made under any of those sources.
- F. The system for delivery of services in a timely manner pending the resolution of disputes among agencies or service providers is the responsibility of the Department of Health and Welfare and includes:
1. The lead agency will ensure that no services that a child is entitled to receive are delayed or denied because of disputes between agencies regarding financial or other responsibilities.
 2. During pendency of disputes regarding the payment or cost for services, the Department of Health and Welfare will assign fiscal responsibility to an agency or pay for the services with Part C funds in accordance with the payor of last resort provision;
 3. In final determination of eligibility and financial responsibilities the assigned agency will make arrangements for reimbursement of any expenditures incurred by the agency originally assigned the responsibility including Part C;

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4. In cases where Part C as payor of last resort provided funding and the final determination of eligibility and financial responsibilities determines another agency responsible, then the reimbursement to the lead agency will be within 60 days.
 5. Further disputed decision resolution will be the responsibility of the Director of the Department of Health and Welfare; and
 6. If, on resolving dispute, the Department of Health and Welfare determines the assignment of fiscal responsibility was inappropriate, the Department of Health and Welfare reassigns responsibility to the appropriate agency and makes arrangements for reimbursement of expenditures incurred by agency originally assigned fiscal responsibility within 60 days.
- G. The Department of Health and Welfare, as the lead agency, assures the reimbursement of agencies for the timely provision of services to infants and toddlers deemed eligible for early intervention services. If reimbursements are not made in a timely manner, the procedures include the following steps:
1. Contact will be made by the Infant Toddler Program Manager with the appropriate personnel at the state agency of the given program;
 2. If the issue is not resolved, then the director of the Department of Health and Welfare or his designee will contact the respective director of the state agency to solve the problem;
 3. If request for funding is necessary, the request will be made by the Department to the Governor, Joint Finance Appropriation Committee, and Idaho Legislature.
 4. Specific procedural requirements are established through interagency agreements to:
 - a. assign financial responsibility to appropriate agencies;
 - b. resolve interagency and intra-agency disputes;
 - c. secure timely reimbursement of funds;
 - d. assure that the control of funds and property bought with funds be maintained in a public agency; and
 - e. assure that Part C funds do not supplant or commingle with existing federal, state and local funds.
- H. To the extent necessary to ensure compliance with its action, the lead agency refers to the Early Childhood Coordinating Council or governor, and implements necessary procedures for the delivery of services in a timely manner.

ATTACHMENT

IDAPA Fee Rules 16.04.04 - Early Intervention Services for Infants and Toddlers

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B-14. PROCEDURAL SAFEGUARDS

Assurances

The Idaho Department of Health and Welfare, the lead agency, assures the establishment of procedural safeguards to meet the requirements of IDEA, Part C and Idaho Code, Title 16, Chapter 1, and to ensure effective implementation of these procedures in order to:

1. meet the requirements of IDEA, Part C;
2. ensure effective implementation of the procedural safeguards by each public agency involved in the provision of the early intervention system;
3. ensure confidentiality of family information; and
4. assure that parents (including surrogate parents) receive prior notice, detailing content in native language, and provide consent to the provision of services through the IFSP process.

Definitions

1. Consent means that:
 - a. The parent has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or normal mode of communication;
 - b. The parent understands and agrees in writing to carrying out the activity for which consent is sought. The consent describes that activity and lists the records (if any) that will be released and to whom;
 - c. The parent understands that the granting of consent is voluntary part of the parent and may be revoked at any time; and
 - d. The parent has the right to determine whether the infant or toddler or other family members will accept or decline an early intervention service under this part in accordance with State law, without jeopardizing other early intervention services under this part.
 - e. The parent has the right to decline any early intervention service after first accepting the service without jeopardizing other early intervention services.
2. Native language, when used with reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of a child eligible under this part.
3. Personally identifiable means that information including:
 - a. The name of the child, the child's parent or other family member;
 - b. The address of the child;
 - c. A personal identifier, such as the child's or parent's social security number; or
 - d. A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.
4. "Destruction" means physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.

Parent Consent

1. As parents voluntarily participate in Part C early intervention services, the parent's informed written consent must be obtained prior to the following:

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- conducting the initial evaluation or re-evaluation;
conducting a family assessment; and
initiating provision of early intervention services.
- 2. If parent does not give consent, the public agency:
 - a. makes an effort to ensure that the parent understands his or her child will not be able to receive evaluation, assessment or other services without consent.
 - b. makes an effort to ensure that the family is fully aware of the nature of the evaluation, assessment or services that would be available if consent is given.
- 3. In the event the parent refuses consent for an initial evaluation/assessment, no action is taken to coerce a parent to accept the evaluation other than in a circumstance where refusal to consent to such procedures constitutes neglect or abuse as defined in the Child Protective Act, Idaho Code Sec. 16-1601 et seq.
 - a. if the service coordinator believes that such refusal to consent is within the statutory definition of neglect or abuse, above, the parent is so notified and a referral made immediately, verbally and/or in writing, to Child Protection Services.
 - b. evaluation/assessment may be provided without parental consent only when ordered by a court of competent jurisdiction.
 - c. if a guardian has been appointed by a court of competent jurisdiction they may consent for such evaluation/assessment.
- 4. If parents refuse a recommended service, the following may be offered to the family:
 - a. relevant literature or other materials,
 - b. peer counseling to promote and enhance understanding of the value and process of early intervention participation, and
 - c. renewal of contact no more often than at two month intervals to determine if the parent wishes recommended services.

Surrogate Parents

Because no Idaho law specifically regulates surrogate parents in the early intervention/educational setting, the Department of Health and Welfare ensures that procedures are adopted in cases requiring surrogate parents as follows:

- a. The multidisciplinary team determines whether a child needs a surrogate parent using the following criteria:
 - (1) where no parent can be identified,
 - (2) when the whereabouts of a parent cannot be discovered after reasonable efforts, or
 - (3) for a child that is a ward of the state.
- b. The multidisciplinary team identifies potential surrogate parents.
- c. The lead agency appoints an individual to act as a surrogate for the parent of an eligible child.
- d. The lead agency ensures that any person selected as a surrogate parent has no interest that conflicts with the interests of the child he or she represents and has knowledge and skills that ensure adequate representation of the child. An employee of any state agency providing early intervention or other services to the child or any family member of the child may not serve as a surrogate parent. Potential surrogate parents include individuals involved in disability support groups, and employees of public or private agencies not involved in providing early intervention services and the child's foster parents. A person

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who otherwise qualifies to be a surrogate parent is not an employee solely because of being paid by a public agency to serve as surrogate parent.

- e. A surrogate parent may represent a child in all matters related to:
 - (1) evaluation and assessment of the child;
 - (2) development, implementation, annual evaluation and reviews of IFSPs;
 - (3) ongoing provision of early intervention services; and
 - (4) any other rights under Part C.

Prior Notice

1. Prior written notice is given to parents a reasonable time before public agency or service provider proposes OR refuses to initiate or change identification, evaluation, or placement of the child or provision of early intervention services to the child and/or family. Appropriate intervals for notice may include but are not limited to:
 - a. the family's initial contact with the early intervention system;
 - b. the initial evaluation and assessment is proposed or refused; and
 - c. a change in services or placement is proposed or refused, including transition.
2. Content of prior written notice:
 - a. a description of the action proposed or refused by the agency;
 - b. an explanation of why the agency proposes or refuses to take the action;
 - c. a description of any other options that the agency considered and the reasons why those options were rejected;
 - d. a description of each evaluation procedure, test, record or report the agency used as a basis for the proposed or refused action;
 - e. a description of any other factors that are relevant to the agency's proposal or refusal;
 - f. a statement that the parents of a child with a disability have protection under the procedural safeguards of this part and a description of the procedural safeguards, and
 - g. Sources for parents to contact to obtain assistance in understanding the provisions of this part.
3. Notice shall be:
 - a. written in language understandable to the general public; and
 - b. provided in parent's native language, unless not feasible and if parent's native language or other mode of communication is not written, public agency or designated service provider takes steps to ensure:
 - (1) that the notice is translated orally or by other means to parent in parent's native language or mode of communication;
 - (2) parent understands notice;
 - (3) there is written evidence that these requirements have been met, and
 - (4) if parent is deaf or blind, or has no written language or mode of communication, notice is in language or mode of communication normally used by parent.

Opportunity To Examine Records

1. Except as provided in 3 below, parents are afforded the opportunity to examine, inspect and review any records regarding their family and child that relate to:

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- a. screening, evaluation, assessment, eligibility determinations and the development and implementation of the IFSP;
 - b. individual complaints dealing with the family or child; and
 - c. any other records of the early intervention program involving the child and the child's family.
2. Parents are entitled access to records maintained by the lead agency, other public agency and/or a service provider which relate to their child or family.
3. When a parent asks to review a record, the agency or service provider maintaining the records must comply without undue delay, and in any event within 3 working business days of the date of the request. Priority is given to such review of records prior to preparation for an IFSP meeting or hearing relating to identification, evaluation, placement, or provision of early intervention services.
 - a. If records are requested in connection with an IFSP meeting or a formal hearing the record is provided immediately if possible, but always within 3 working business days of the date of the request.
 - b. The right to review includes:
 - (1) the right to a response to a reasonable request for explanations and interpretations of the records;
 - (2) the right to obtain copies of the record at no charge;
 - (3) the right to have a representative of the parent's choosing review the record; and
 - (4) the right to inspect and review only the information relating to their child in a record containing information on more than one child, or to be informed of that specific information.
 - c. The agency presumes the parent has authority to inspect/review records related to the child unless the agency has been advised the parent does not have the authority under State law governing guardianship, separation, and divorce.
4. Each participating agency may charge a fee for copies of records in excess of 100 pages if fee does not prevent parents from exercising their right to inspect or review records. A fee may not be charged to search for or retrieve information.
5. A parent may request that information in a record be amended or deleted if it is inaccurate, misleading, or violates the privacy or rights of the child or child's family.
 - a. When amendment or deletion is requested the agency or provider shall act on the request without undue delay but within no more than 10 business days of the request.
 - b. If the request to amend or delete is refused the agency or provider shall:
 - (1) inform the parent;
 - (2) notify the parent that he may request a hearing to challenge information in the record. A hearing is conducted under procedures set forth in Section 99.22 of The Family Education Rights and Privacy Act (FERPA) and the decision and action will occur within 30 calendar days of the request.
 - c. If following a hearing it is determined that information in the record is inaccurate, misleading or violates privacy or other rights of the child, the agency shall amend the record and inform the parents in writing of the amendment.
 - d. If the parent chooses not to request a hearing, or if the record is not altered as a result of the hearing, the parent may place in the involved record a corrective statement commenting

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on the information in the record or a statement setting forth why the parent disagrees with the decision on appeal.

- (1) The corrective statement is maintained by the agency as long as the child's records is maintained; and
 - (2) if the disputed information is ever disclosed by the agency or provider, the parental statement shall also be disclosed.
6. The lead agency, public agency or private provider of Part C services provides parents upon request a list of the types and locations of records collected, maintained or used by public agencies and service providers relating to:
 - a. screening, evaluation, assessment, eligibility determinations or the development and implementation of IFSPs;
 - b. individual complaints dealing with children or families; or
 - c. records of any other early intervention services.

Confidentiality

1. Details of public notice to parents regarding identification, location, and assessment of children can be found in Section 5. Comprehensive Child Find System.
2. The Department of Health and Welfare, the lead agency, ensures the protection of personally identifiable information which is collected, used, or maintained concerning a child, the child's parent or another family member. Personally identifiable information is confidential. Confidential information is protected and is not released, as provided by Idaho Code 9-340 and any regulations adopted pursuant to that statute. The lead agency also ensures the right of parents or guardians to receive written notice of the exchange of personally identifiable information and the right for parents or guardians to consent to the exchange of this information consistent with federal and state law.
3. IDAPA Rules, 16.05.01- 300, apply regarding disclosures.
 - a. Parents are informed, as soon as practicable, of disclosures made without their prior consent under the circumstances in the disclosure rules; and
 - b. all such disclosures are noted in the child's or family's records.
4. A log is kept and is accessible to parents, of all disclosures made pursuant to the general release. The log includes the purpose for which the party is authorized to use the record, the name of the person to whom information is disclosed, and the date of disclosure.
5. Parental consent is required before personally identifiable information is disclosed to anyone other than an official of the participating agency collecting or using this information. Parental consent must be obtained if personally identifiable information is to be used for any purpose other than meeting requirements under Part C.
 - a. Parents are informed by the public agency or service provider of their right to refuse to sign such release and such notice will be on each release form.
 - b. The release shall name with specificity all agencies, providers, and individuals (by name or position) to whom information may be disclosed, specific type of information to be disclosed, and the purpose of the disclosure.
 - c. Parents may limit the information disclosed and to whom by so indicating in writing.

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- d. All such releases of information are revocable at any time and shall so state. No consent for the release of information is valid for more than twelve (12) months.
 - e. Information from the record shall not be released to participating agencies without parental consent unless authorized to do so under Family Education Rights and Privacy Act (FERPA), Section 99.31.
6. a. If parents refuse to consent to the release of information, the family is informed by the public agency or service provider regarding the potential benefit of releasing the information and the possible adverse effect of refusal.
- b. No action is taken to coerce a parent to consent to release information except in a circumstance where refusal to consent constitutes neglect or abuse as defined in the Child Protective Act, Idaho Code, Section 16-1601 et seq.
- (1) If the service provider believes that such refusal to consent is within the statutory definition of neglect or abuse above, the parent is notified and referral made immediately, verbally or in writing, to Child Protection Services.
 - (2) Information may be released without parental consent only according to procedure four (4) above, or when ordered by a court of competent jurisdiction.
7. The lead agency procedures on confidentiality meet the requirements of Section 300.560-.576 with the following modifications:
- a. State educational agency means the lead agency under this part (Idaho Department of Health and Welfare);
 - b. Special education, related services, free appropriate public education, free public education, or education means "early intervention services" under this part;
 - c. Participating agency, when used in reference to a local educational agency or an intermediate educational agency, means a local service provider under this part;
 - d. reference to Section 300.128 (Identification, Location and Evaluation of Disabled Children) means Sections 303.164 and .321 (Comprehensive Child Find System);
 - e. reference to Section 300.129 (Confidentiality of Personally Identifiable Information) means Section 303.460 (Confidentiality of Information.)
8. To safeguard confidentiality of personally identifiable information, each participating agency:
- a. ensures protection of personally identifiable information at collection, storage, disclosure and destruction stages;
 - b. appoints one official of the agency to assume responsibility for insuring confidentiality of personally identifiable information;
 - c. provides training and instruction to all persons collecting or using personally identifying information;
 - d. maintains for public inspection a current list of names and position of employees who have access to personally identifiable information;
 - e. informs parents at exit from early intervention that personally identifiable information will be destroyed when it is no longer needed to provide services to the child (five years after Program exit) and;
 - f. assures that information which is no longer required is destroyed at the request of the parent or five years after the child leaves services (permanent records of child's name, address, phone number, program, program location and year completed may be maintained without time limitation); and

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- g. includes sanctions to insure policies and procedures are followed, such as employee discipline pursuant to the Idaho Personnel Commission rules and, in the case of contract providers, contract rescission or modification.

Administrative Procedures for Resolving Parents' Complaints

1. The Department by these regulations operates a system for conducting formal hearings that:
 - a. entertains parental complaints regarding identification; screening; evaluation; assessment; eligibility determinations; the development, review and implementation of the IFSP; the failure to respect parents' procedural rights;
 - b. provides a clear and easy-to-use method of requesting a hearing; and
 - c. resolves a complaint involving more than one public agency and/or service provider.
2. Decisions of the hearing officer or other resolution of the complaint are enforceable regarding all public agencies in the Part C program.
3. Upon receiving a request for a due process hearing, the lead agency appoints a hearing officer to conduct a formal hearing. It is the duty of the hearing office to listen to viewpoints about the complaint, examine information relevant to the issues, and seek to reach a timely resolution of the complaint.
 - a. Hearing officers must have knowledge about the provisions of complaint management required, of relevant law, of the Part C system and of the needs of and services available for eligible children and their families.
 - b. Hearing officers must be impartial.
 - (1) They shall not be employed by any agency or entity involved in the provision of early intervention services or in the care of the child.
 - (2) They shall have no other conflict of interest, either personal or professional, that might impair their objectivity (e.g., work for an agency that has a vested interest in the outcome of the questions presented for resolution at the hearing).
 - (3) A person who otherwise qualifies under b.1 & 2 above is not an employee solely because of being paid by a public agency to implement a complaint resolution process.
 - c. Hearing officers provide a record of proceedings including the written explanations of their decisions that include findings of facts and conclusions of law.
 - (1) Where delay in receipt of a decision might cause a child to suffer harm, a decision may be rendered orally at the conclusion of the hearing and a written decision be filed later, however, not later than 30 days after receipt of a parent's complaint.
 - (2) When the procedure in (c)(1) is followed, parents shall rely on the oral decision. Appeal time will begin to run upon the filing date of the written decision.
4. The Department of Health and Welfare ensures that the parents of children eligible under Part C are afforded the following rights; in any administrative proceeding the parents may:
 - a. be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for children eligible under this part.
 - b. present evidence, and confront, cross-examine, and compel the attendance of witnesses.
 - c. prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five days before the proceeding.

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- d. obtain a written or electronic verbatim transcription of the proceeding.
 - e. obtain written findings of fact and decisions.
 - f. have child who is the subject of the hearing present.
 - g. open the hearing to the public.
5. Any proceeding for implementing the complaint resolution process in this subpart must be carried out at a time and place that is reasonably convenient to the parents.
6. When parents request a hearing, they are informed of free or low-cost legal or advocacy assistance that may be available to them, and given a list of organizations that provide or arrange such assistance.
7. The lead agency ensures that not later than 30 days after the receipt of a parent's complaint, the impartial proceeding required under this subpart is completed and a written decision mailed to each of the parties.
8. The lead agency, after deleting any personally identifying information, shall transmit the findings and decision to the Early Childhood Coordinating Council and make them available to the public on request.
9. During the pendency of any proceeding, unless the public agency and parents of a child otherwise agree, the child must continue to receive the appropriate early intervention services currently being provided.
10. If the complaint involves an application for initial services under this part, the child must receive those services that are not in dispute.
11. Any party aggrieved by the findings and decision regarding an administrative complaint has the right to bring a civil action in State or Federal court.

Mediation

1. A mediation process is available as a supplement to the formal hearing process and may be voluntarily chosen by the parent. The procedures shall ensure that the mediation process:
 - a. is voluntary on the part of the parties;
 - b. is not used to deny or delay a parent's right to a due process hearing or to deny any other rights, and
 - c. Is conducted by a qualified and impartial mediator who is trained in effective mediation techniques.
2. The Infant Toddler Program shall maintain a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services.
3. The Infant Toddler Program shall bear the cost of the mediation process, including the costs of meetings.
4. Each session in the mediation process shall be scheduled in a timely manner and shall be held in a location that is convenient to the parties to the dispute.
5. An agreement reached by the parties to the dispute in the mediation process shall be set forth in a written mediation agreement.

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6. Discussions that occur during the mediation process shall be confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings and the parties to the mediation process may be required to sign a confidentiality pledge prior to the commencement of such process.

Copies of Procedural Safeguards are available in Braille

Attachments:

Child and Family Safeguards in the Part C Early Intervention System (OSEP Approved)

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B-15. SYSTEM FOR DATA COLLECTION

Assurances

Idaho Code, Title 16, Chapter 1 assures a statewide data collection system for monitoring and evaluating the state early intervention system. The program responds to reporting requirements and time lines as requested by the U.S. Secretary of Education.

Procedures

The Division of Family and Community Services and the Infant Toddler Programs collects data on all children referred for early intervention services. The Idaho Infant Toddler Program utilizes ITP Web, a web based data system to address the data collection needs to meet federal reporting requirements and program management related to child count and delivery of services.

Providers, public and private, are informed in writing of data collection requirements and time lines for submission. Provider agreements address compliance requirements and confidentiality concerns. Due to the limited population of Idaho, the use of sampling methods is not routinely used. Data is collected and entered at seven regional sites by individual providers and is available online to central office for a statewide analysis of data. A research analyst prepares federal reports, evaluates and monitors compliance and consistency in data collection and analysis methodology and assists in system planning through evaluation of program efficacy, service utilization, etc. Sources of information submitted for data collection include but are not limited to the following:

1. The Department of Health & Welfare Regional Infant Toddler Programs;
2. Idaho Educational Services for the Deaf and Blind regional programs;
3. Private developmental disability centers;
4. Migrant and Seasonal and Native American Head Start Programs, and
5. Early Head Start Programs.

Contracts and Interagency agreements support the sharing of information to generate an unduplicated child count as well as for planning and program coordination purposes.

Idaho's data collection system provides for reporting required data and any other information that the Secretary requires.

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B-16. STATE INTERAGENCY COORDINATING COUNCIL (Early Childhood Coordinating Council)

Assurances

In Idaho, the Council is mandated by Idaho Code, Title 16, Chapter I, Sections 16-105 and 16-106, which specify membership requirements for appointment by the Governor and duties of the Council. Under Executive Order No. 2006-12, the Council consolidated membership and mission with a Governor appointed Task Force on Early Care and Learning and was renamed the Early Childhood Coordinating Council (EC3) and also merged with the Head Start Collaboration Advisory Council. The EC3 membership meets the following:

- A) Parents: 20% are parents, including minority parents, of infants and toddlers with disabilities, or children 12 years of age or younger with disabilities who have knowledge of or experience with programs for infants and toddlers with disabilities. At least one of these parents is the parent of an infant or toddler, or a child age 6 or younger, with a disability;
- B) Service providers: Not less than 20 percent of the members shall be public or private providers of early intervention services.
- C) State legislature.--Not less than 1 member shall be from the State legislature.
- D) Personnel preparation.--Not less than 1 member shall be involved in personnel preparation.
- E) Agency for early intervention services.--Not less than 1 member shall be from each of the State agencies involved in the provision of, or payment for, early intervention services to infants and toddlers with disabilities and their families and shall have sufficient authority to engage in policy planning and implementation on behalf of such agencies.
- F) Agency for preschool services.--Not less than 1 member shall be from the State educational agency responsible for preschool services to children with disabilities and shall have sufficient authority to engage in policy planning and implementation on behalf of such agency.
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- G) State Medicaid agency.--Not less than 1 member shall be from the agency responsible for the State Medicaid program.
- H) Head start agency.--Not less than 1 member shall be a representative from a Head Start agency or program in the State.
- I) Child care agency.--Not less than 1 member shall be a representative from a State agency responsible for child care.
- J) Agency for health insurance.--Not less than 1 member shall be from the agency responsible for the State regulation of health insurance.
- K) Office of the coordinator of education of homeless children and youth.--Not less than 1 member shall be a representative designated by the Office of Coordinator for Education of Homeless Children and Youths.
- L) State foster care representative.--Not less than 1 member shall be a representative from the State child welfare agency responsible for foster care.
- M) Mental health agency.--Not less than 1 member shall be a representative from the State agency responsible for children's mental health.
- N) Other members.--The Council includes other members selected by the Governor, including representatives from other professional organizations or entities who have interest and investment in early intervention and other early childhood policies and services, including the Bureau of Indian Affairs (BIA), or where there is no BIA-operated or BIA-funded school, from the Indian Health Service or the tribe or tribal council.

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The Governor designates a member of the Council who is not a representative of the lead agency to serve as chairperson of the Council. The Governor ensures, through the appointments that the membership reasonably represents the population of Idaho. The Council meets at least quarterly with executive committee and standing committees meeting more frequently as needed.

Notice of meetings and agendas are mailed at least two weeks prior to meeting dates to the following: Family and Community Services (FACS) Program Managers; Regional Early Childhood Committee Chairpersons; Regional Early Intervention Specialists; Division Administrator of FACS and members of the committees of the Department of Health and Welfare; the Council on Developmental Disabilities; and Idaho Parents Unlimited. Meetings are open and accessible and as necessary, the Idaho Registry of Interpreters for the Deaf is available to provide information for arranging for interpreters for the deaf and other necessary services for both ICC members and other participants. Payment for the services is included in Council meeting expenses. See attached membership information.

The Early Childhood Coordinating Council operates according to bylaws and adopted policies including a policy on conflict of interest, assuring that no member of the Council may vote on any matter providing direct financial benefit to self, or give the appearance of conflict.

Use of funds by the Council.

(a) General. Subject to the approval by the Governor, the Council may use funds under this part --

- (1) To conduct hearings and forums;
- (2) To reimburse members of the Council for reasonable and necessary expenses for attending Council meetings and performing Council duties (including child care for parent representatives);
- (3) To pay compensation to a member of the Council if the member is not employed or must forfeit wages from other employment when performing official Council business;
- (4) To hire staff; and
- (5) To obtain the services of professional, technical, and clerical personnel, as may be necessary to carry out the performance of its functions under this part.

(b) Compensation and expenses of Council members. Except as provided in paragraph (a) of this section, Council members shall serve without compensation from funds available under this part. The Council's duties and responsibilities are to assist the lead agency and all other appropriate agencies in ensuring the joint development, implementation and maintenance of policies for a statewide system of programs providing early intervention services. The Council assists the lead agency in achieving the full participation, coordination and cooperation of all appropriate public agencies in the State. The Council assists the lead agency in implementation of the Early Intervention System by establishing processes that include seeking information from service providers, service coordinators, parents, and others about any federal, state, or local policies that impede timely service delivery. The Council also establishes processes to take steps to ensure that policy problems identified are resolved. This participation shall be promoted by maintaining an interagency agreement with at least annual review. The interagency agreement specifies roles and responsibilities of the participating agencies related to the specific services required and provides guidance for their implementation including procedures for dispute resolution. If dispute resolution is not achieved at the level of the local unit and Regional Committee, the issues for arbitration shall be presented to representatives from the Governor's Infant and Toddler Interagency Coordinating Council. After reviewing all aspects of the issue the Council representatives shall make a recommendation for resolution to the Director of the lead agency.

The Council advises and assists the lead agency and other agencies responsible for the provisioning of early childhood services regarding appropriate services for children 0-8 years old inclusive. Additionally,

Section II, B. Assurances and Optional Assurances

the Council advises and assists the State Department of Education regarding the transition of toddlers with disabilities to preschool services under Part B and other appropriate services to the extent appropriate.

The Council advises and assists all appropriate agencies with respect to the integration of services for infants and toddlers with disabilities and at-risk infants and toddlers and their families, regardless of whether at-risk infants and toddlers are eligible for early intervention services.

The Council advises and assists in the identification of sources of funds and other support of services under the Early Intervention System, the assignment of fiscal responsibility to appropriate agencies, and the promotion of interagency agreements.

The Early Childhood Coordinating Council advises and assists the lead agency in the preparation of federal grant applications and in making amendments to that application. The Early Childhood Coordinating Council works directly with the program manager to prepare the annual plan and application.

The Council, with Infant Toddler program staff, prepares an annual performance report on the state's use of funds and the status of the early intervention system which is submitted to the Director and to the Secretary of the Department of Education according to the timeline established by the US DOE. The report includes information according to the requirements specified by the Secretary.

Attachments:

Title 16, Chapter 1
EC3 Membership List

C. Certifications

The State Lead Agency is providing the following certifications:

Yes	
X	<p>1. The State certifies that ED Form 80-0013, <i>Certification Regarding Lobbying</i>, is on file with the Secretary of Education.</p> <p>With respect to the <i>Certification Regarding Lobbying</i> the State recertifies that no Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making or renewal of Federal grants under this program; that the State shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," when required (34 CFR Part 82, Appendix B); and that the State Agency shall require the full certification, as set forth in 34 CFR Part 82, Appendix A, in the award documents for all sub awards at all tiers.</p>
X	<p>2. The State certifies that it has met the certifications in the Education Department General Administrative Regulations (EDGAR) at 34 CFR §80.11 relating to State eligibility, authority and approval to submit and carry out the provisions of its State application, and consistency of that application with State law are in place within the State.</p>
X	<p>3. The State certifies that the methods or arrangements to establish financial responsibility for early intervention services provided under Part C pursuant to 20 U.S.C. 1440(b) are current as of the date of this Application certification. (20 U.S.C. 1437(a)(2) and 1440). <i>See Item 9 in Section II.A above regarding including, with this Application for the Secretary's review, 'other appropriate written methods' to meet the requirements of 20 U.S.C. 1440(b). State's response under Assurance #19 above should be consistent with its response to this Certification.</i></p>

D. Statement

I certify that the State of Idaho has provided the policies, procedures, methods, descriptions, and assurances checked as 'yes' in Sections II.A and II.B and the certifications required in Section II.C of this application. These provisions meet the requirements of Part C of the Individuals with Disabilities Education Act as found in PL 108-446 and all applicable regulations in 34 CFR Part 303. The State will operate its Part C program in accordance with all of the required policies, procedures, methods, descriptions, assurances and certifications.

If any policies, procedures, methods, descriptions, and assurances have been checked 'no', I certify that the State will operate throughout the period of this grant award consistent with the requirements of IDEA as found in PL 108-446 and all applicable regulations, and will make such changes to existing policies and procedures as are necessary to bring those policies and procedures into compliance with the requirements of IDEA, as amended, as soon as possible, and not later than June 30, 2011. (34 CFR §76.104)

I, the undersigned authorized official of the

Idaho Department of Health and Welfare,

(Name of State and official name of State lead agency)

am designated under Part C by the Governor of this State to submit this application for FFY 2010 funds under Part C of the Individuals with Disabilities Education Act (IDEA).

Printed/Typed Name and Title of Authorized Representative of the State:	
Signature:	Date:

Section III**A. Description of Use of Part C Funds for the Lead Agency**

When completing this section include:

- Totals for the number of lead agency administrative positions, salaries and fringe benefits funded either 100 percent and/or less than 100 percent with Part C funds;
- A general description of the duties which the positions entail; and
- A subtotal of the amount.

Identify any administrative positions for which less than 100% of the time is spent on Part C and, for each such position, indicate the percentage of time spent on Part C and the total amount of salary and fringe benefits included in the Part C application budget.

Positions Funded	Number of Positions	% of Time Spent on Part C	Salaries & Fringe Benefits	Description of Duties
100% funded with Part C Funds	3.9 FTE	100%	\$355,600	<p>Program Manager: General supervision and monitoring of program activities/timelines; assure compliance to regulations; provide technical assistance to participating agencies and regions; federal coordination/communication; staff coordination and technical assistance, and represent program to policymakers, advocates, etc.</p> <p>Research Analyst, Sr.: Standard child count procedures; federal reporting; staff support for implementation of data system; compile screening and tracking data from regional data system; prepare case study and follow along data; analysis of program data; information dissemination; training technical assistance; performance reports, and database development and maintenance. Outcomes data collection and reporting.</p> <p>Program Specialists: Maintain and update implementation manual; provide training and ongoing technical assistance to regional personnel and providers; coordinate and facilitate monitoring and program evaluation.</p> <p>Administrative Assistant: Office coordination; correspondence; generate reports; meeting coordination/scheduling, and support to Infant Toddler staff.</p>
< 100% funded with Part C Funds				
Subtotal of amount under A:			\$355, 600	

Section III (Continued)**B. Maintenance and Implementation Activities for the Lead Agency**

When completing this section include:

- A description of the nature and scope of each major activity to be carried out under Part C in maintaining and implementing the statewide system of early intervention services. Activities could include enhancing the Comprehensive System of Personnel Development, implementing child find strategies, or ensuring a timely, comprehensive, multidisciplinary evaluation for each child;
- The approximate amount of funds to be spent for each activity; and
- A subtotal of the amount.

(Add columns and rows as needed.)

Major Activity	Part C Funds to be Spent	Description of Activities
Central Operations	\$ 30,000	Telephone expenses, printing costs, public hearing expenses, supplies, postage, educational materials, consultation, and travel expenses. Data System replacement and maintenance.
Regional Early Intervention Specialists	\$ 212,000	Prepare regional corrective action plan. Authorize evaluations/services paid with Part C funds. Reviews Part C eligibility based on multidisciplinary team. Ensure development and delivery of IFSP, including arrangements for service coordination. Coordinate training and technical assistance to regional Part C providers. Assure implementation and monitor compliance to Part C requirements including outreach and child find.
Regional Clerical Support	\$ 124,000	Support regional teams; data entry; claims processing; travel arrangements; correspondence; RECC support and minutes.
Personnel Development	\$ 10,000	Support training for Part C program specialists and other providers of early intervention services including paraprofessionals. Coordinate and support training with professional organizations, CDHD, NECTAC, State Department of Education, Head Start, Bureau of Public Health Services and others. Early childhood conference expenses.
Parent Education	\$ 5,000	Support for parent leadership activities and training.
Public Awareness	\$ 5,000	Support reprint and dissemination of existing public awareness materials. Publicly announce child find activities and requirements of the system. Coordinate public awareness efforts (Enhanced activity using Recovery Act funds).
Subtotal of amount under B:	\$ 386,000	

Section III (Continued)**C. Description of Use of Part C Funds for the Interagency Coordinating Council (ICC)**

When completing this section include:

- Totals for the number of ICC administrative positions, salaries and fringe benefits funded either 100 percent and/or less than 100 percent with Part C funds;
- A general description of the duties which the positions entail; and
- A subtotal of the amount.

Identify any administrative positions for which less than 100% of the time is spent on Part C and, for each such position, indicate the percentage of time spent on Part C and the total amount of salary and fringe benefits included in the Part C application budget.

Positions Funded	Number of Positions	% of Time Spent on Part C	Amount of Salaries & Fringe Benefits	Description of Duties
100% funded with Part C Funds	.1 FTE	100%	\$3,600	Supervise and support Council staff, assist with ICC activity arrangements, processing payments, and correspondence, as back-up.
< 100% funded with Part C Funds				
Subtotal of amount under C:			\$3,600	

Section III (Continued)**D. Maintenance and Implementation Activities for the Interagency Coordinating Council (ICC)**

When completing this section include:

- A description of the nature and scope of each major activity to be carried out under Part C in maintaining and implementing the statewide system of early intervention services. Activities could include coordinating child find identification efforts, ensuring the timely provision and payment of early intervention services to eligible children and their families, advising on early childhood transition, support for the ICC (travel), or other implementation and development activities of the SICC;
- The approximate amount of funds to be spent for each activity; and
- A subtotal of the amount.

(Add columns and rows as needed.)

Major Activity	Part C Funds to be Spent	Description of Activities
Early Childhood Coordinating Council Expenses	\$22,000	Travel, per diem, and meeting expenses for Council meetings and Executive Committee meetings, parent stipends for lost wages, reimbursement of child care for parent members, postage and printing, out-of-state travel expenses for national meetings, conference calls, and printed materials.
Regional Early Childhood Council Expenses	\$21,000	Support for regional planning, advice and assistance, parent supports, etc., for Regional Early Childhood Committees.
Subtotal of amount under D:	\$43,000	

Section III (Continued)**E. Direct Services (Funded by Part C Federal Dollars)**

When completing this section include:

- A description of any direct early intervention service that the State lead agency expects to provide to eligible children and their families with funds under this part, including a description of any services provided to at-risk infants and toddlers and their families for States that provide services to at-risk children as part of its eligibility criteria. The description must include information about each type of service to be provided, including:
 - A summary of the methods to be used to provide the service (e.g., contracts or other arrangements with specified public or private organizations); and
 - The approximate amount of funds under this part to be used for the direct provision of early intervention services.

Provide subtotals of the amount and for salaries and fringe benefits for direct service employees (discipline). *(Add columns and rows as needed.)*

Direct Service	Part C Funds to be Spent	Summary of Methods to be Used to Provide Service
Developmental therapy, Physical therapy, Occupational therapy, SLP therapy, family training and counseling, and service coordination.	\$1,304,468	Additional direct services provided through other state employees and contracts with other public or private providers are funded with state general funds, Medicaid, and insurance receipts. Direct services include multidisciplinary evaluation, service coordination and Individualized Family Service Plans to provide early intervention services.
Subtotal of amount under E:	\$1,304,468	

Direct Service Employees (Discipline)	Salary and Fringe	% Part C	Description of Duties
Developmental Specialists	\$ 365,251	100%	Provision of developmental therapy by lead agency personnel
Social Workers	\$ 234,804	100%	Provision of service coordination and social work service by lead agency personnel
Occupational Therapists	\$ 221,760	100%	Provision of OT services by lead agency personnel
Speech Language Pathology Therapists	\$ 482,653	100%	Provision of Speech Language therapy by lead agency personnel
Sub Total:	\$1,304,468		

Section III (Continued)**F. Description of Optional Use of Part C Funds (For States that Do Not Provide Direct Service for At-Risk Infants and Toddlers)**

For any State that does not provide direct services for at-risk infants and toddlers under 20 U.S.C. 1437(a)(4), but chooses to use funds under 20 U.S.C. 1438(5), each Application must include a description of how these funds will be used. Specifically, a State may use Part C funds for initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public or private community-based organizations, services, or personnel for the purpose of:

- Identifying and evaluating at-risk infants and toddlers;
- Making referrals of at-risk infants and toddlers who are identified and evaluated; and
- Conducting periodic follow-up on at-risk infants and toddlers to determine if the status of the infant or toddler's eligibility for Part C services has changed.

Provide a subtotal of the amount. *(Add columns and rows as needed.)*

Description of Activity	Amount of Funds
Non-Part C funds (General funds and Medicaid match) are used for Child Find activities for conducting, identification and developmental monitoring for infants and toddlers at risk.	-0-
Subtotal of amount under F:	-0-

Section III (Continued)**G. Activities by Other Agencies**

If other State or local public agencies are to receive a portion of the Federal funds under Part C, the Application must include:

- The name of each public agency expected to receive funds;
- The approximate amount of funds each public agency will receive; and
- A summary of the purposes for which the funds will be used.

Provide subtotal of amount. *(Add columns and rows as needed.)*

Agency Receiving Funds	Amount of Funds	Purpose
Subtotal of amount under G:	-0-	

Section III (Continued)**H. Totals**

Enter the subtotal amounts for Sub Sections A-G found in Section III and any indirect costs charged as specified in Section IV.B. The sub total amounts (Rows 1-8) should total the estimated grant application amount. (A State may apply for less than the full estimated allotted amount.)

Enter the subtotal amounts for Sub Sections A-G found in Section III of this application.		
Row No.	Section	Amount
1.	III.A.	\$ 355,600
2.	III.B.	\$ 386,000
3.	III.C.	\$ 3,600
4.	III.D.	\$ 43,000
5.	III.E. (Direct Service)	\$ -0-
	III.E. (Direct Service Employees)	\$ 1,304,468
6.	III.F.	\$ -0-
7.	III.G.	\$ -0-
Enter any Indirect Costs to be Charged to FFY 2010 Funds (See Section IV.B of this application.)		
8.	IV.B	\$ 302,600
Total (Rows 1-8)		\$ 2,395,268.00

Section IV**A. System of Payments / Use of Insurance / Program Income**

The State

☒ **X** does (check as applicable)

☐ does not (check as applicable)

have a system of payments policy for Part C services under 20 U.S.C. 1432(4)(B), which policy may include use of public insurance and benefits, private insurance, or family fees, such as a sliding scale, to pay for Part C services. Any family fees are treated as 'program income' for purposes of 34 CFR §80.25 and are not included in the State's determination of State and local expenditures for purposes of 20 U.S.C. 1437(b)(5)(B).

Note: If the State has adopted new or has revised its existing policies and procedures regarding its system of payments, it must submit these new and/or revised policies and procedures under Item 7 in Section II.A above.

B. Restricted Indirect Cost Rate/Cost Allocation Plan Information

(Note: To be completed if Lead Agency is not a State Educational Agency.)

If the lead agency is not a State educational agency (as well as any outlying areas that have the Department of Interior as its cognizant Federal agency, even if an SEA) check the applicable status below (more than one check mark may be necessary) and enclose appropriate documentation for this Federal Fiscal Year.

☒ **X** The lead agency has a final restricted indirect cost rate or cost allocation plan that has been approved by the State lead agency's cognizant Federal agency and is in effect for this Federal fiscal year (FFY) (ending on June 30, 2011). (Attach a copy of the approved restricted indirect cost rate agreement or cost allocation plan.)

☐ The lead agency has either a provisional or final restricted indirect cost rate or cost allocation plan that expires or expired on _____ and the State is in the process of negotiating a new restricted indirect cost rate agreement or cost allocation plan that will be in effect for the period _____.² The State lead agency will continue to charge or bill the Part C grant using the provisional or previously approved final restricted indirect cost rate or cost allocation plan until a new rate or plan is negotiated and approved by the State's cognizant Federal agency, at which point the State lead agency must make appropriate adjustments for applicable FFYs. The State acknowledges that a final restricted indirect cost rate may result in an adjustment of the final audited expenditures allowable to be charged to the Part C grant and the Department's approval of this FFY Part C application with an expired or provisional restricted indirect cost rate does not constitute approval of that rate as the final rate for the lead agency for this FFY. When a final restricted indirect cost rate is approved, the lead agency must submit to OSEP: (1) a copy of the "final" restricted indirect cost rate agreement; and (2) details of adjustments made to past GAPS draw downs in light of the "final" rate. (Attach a copy of the previously approved restricted indirect cost rate agreement or cost allocation plan.)

☐ No indirect costs are charged to the Part C grant. The total amount of the Federal Part C grant is used for allowable direct costs.

☐ Other, explanation attached.

² A "provisional" indirect cost rate is a temporary rate established for a future prospective period of time to permit budgeting, obligations, and payment of funds by awarding agencies until such time as the actual indirect costs can be determined and a final rate is established for the applicable period; provisional rates are subject to adjustment by issuance of a "final" rate based on actual indirect costs incurred for the period (usually the organization's fiscal year).



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

DCA Western Field Office
90 7th Street, Suite 4-600
San Francisco, CA 94103

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JAN 05 2011 *gk*

Jodi Osborn, Financial Executive Officer
Idaho Department of Health & Welfare
450 West State Street, 9th Floor
Boise, Idaho 83720-0036

Dear Ms. Osborn:

This letter provides approval of the Idaho Department of Health & Welfare Cost Allocation Plan (Plan) amendment which was transmitted to our office on June 9, 2010, and subsequently revised on September 29, 2010 and December 3, 2010. The Plan amendment is effective June 9, 2010, with the exception of the Navigation electronic random moment time study which is effective January 1, 2011.

Acceptance of actual costs in accordance with the approved Plan is subject to the following conditions:

- 1) The information contained in the Plan and provided by the State in connection with our review of the Plan is complete and accurate in all material respects.
- 2) The actual costs claimed by the State are allowable under prevailing cost principles, program regulations and law.
- 3) The claims conform with the administrative and statutory limitations against which they are made.

This approval relates only to the methods of identifying and allocating costs to programs, and nothing contained herein should be construed as approving activities not otherwise authorized by approved program plans or Federal legislation and regulations.

Implementation of the approved Cost Allocation Plan may subsequently be reviewed by authorized Federal staff. The disclosure of inequities during such reviews may require changes to the Plan.

If you have any questions concerning the contents of this letter, please contact Stanley Huynh of my staff at (415) 437-7829.

Sincerely,

Wallace Chan
Director

cc: Barbara K. Richards, CMS
Ken Tota, ORR

Teresa Trimble, ACF

Charles Okal, FNS